THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

Vol. XXXI 1950 Part 4

ORIGINAL PAPERS

THE PSYCHO-BIOLOGICAL ORIGINS OF CIRCUMCISION

By C. D. DALY, London

CONTENTS

I. INTRODUCTION
(*a*) A broad review of the explanations furnished by anthropology to account for the origins of circumcision 217
(*b*) A brief discussion of the antiquity of man in its relation to sexual repression . . 218

II. GENERAL DISCUSSION, with the application of psycho-analytical theory to the solution of the motives with which circumcision was introduced in phylogenesis . . 219

III. A discussion of Theodor Reik's and Herman Nunberg's psycho-analytical contributions to the subject of circumcision and bisexuality, with particular reference to the rôle of the menstruation trauma 222

IV. SUMMARY. The rôle of circumcision in the puberty rites of primitive people . . 232

APPENDIX

The blood covenant in psychic evolution, and its connection with the circumcision rites . 232

I

Introduction

Throughout the history of human evolution surgical operations have been performed on the sexual organs of both males and females, and they are still so performed in various parts of the world among many peoples both primitive and civilized. The chief of these are circumcision and sub-incision. The origins and purposes of these operations have so far remained unexplained. I believe that I have discovered their psycho-biological genesis, which I hope will help to explain the profound influence they have had upon psychic evolution, particularly in the development of religious and national characteristics.

To account for the origin of circumcision the most divergent theories have been proposed, some worthless, others only partly satisfactory. It is a curious fact that few peoples which practise the rites have any legend or theory as to their origin. That is no doubt because both the repression of incest, and the repression of the inversion which followed, *preceded* the religions which have evolved from these repressions.

A great many of the works which purport to deal with such origins are but a mass of rationalizations and fanciful speculations; others contain valuable hints.

At the present day the operations are performed in various ways, and at ages varying from infancy to maturity, according to ritual custom. It seems highly probable, however, that in the comparatively early days of human evolution circumcision was performed as part of the puberty rites, as it is to-day among primitive peoples.

I advance the hypothesis that far back in phylogenesis circumcision was concerned with a *second great wave of repression* following the repression of incest, its object being, broadly speaking (whilst maintaining the repression of incest) to counteract the adverse effects of that repression of instinct upon the reproductive impulses; in ontogenesis these two waves of repression are repeated in the genital phase of childhood in the repression of the positive and negative phases of the Œdipus complex.

The suggested anthropological explanations for the origin of circumcision are:

Male Circumcision

(*a*) *Hygienic.* This theory has the support of some able scholars, but the lack of hygienic concepts among primitive peoples renders it extremely improbable. In hot countries the penis is liable to disease arising from retention of the *smegma* behind the glans, and it is on this ground that some writers think circumcision may have an hygienic origin.

(*b*) *Preparation for Sexual Life.* The widespread practice of circumcision at puberty supports this view. Ploss sees in it an attempt to correct nature, and, by averting phimosis, to ensure offspring for the person operated on. Some writers consider that it is performed to discourage masturbation, others to promote fertility.

(*c*) *Obviation of Peril from Sexual Operations.* This supposition is based largely upon sacrifice; the cutting off of a part securing the safety of the rest. (See below under *Sacrifice.*)

(*d*) *Test of Endurance.* Since stolidity is a requisite of many other primitive rites, this can scarcely be regarded as a sufficient explanation of the origin of circumcision.

(*e*) *Tribal Mark.* Circumcision has operated amongst the Hebrews, Mohammedans, etc., and many primitive peoples also, to produce a heightening of tribal pride and a consciousness of tribal unity, as is evidenced by the contempt of circumcised peoples for uncircumcised.

(*f*) *Sacrifice.* Barton holds that the circumstances under which the rite is performed in Arabia point to circumcision originating as a sacrifice to the goddess of fertility, by which the child was placed under her protection, and its reproductive powers consecrated to her service.

(*g*) *Sanctification of the Generative Faculties.*

Female Circumcision (Clitoridectomy)

The principal reasons suggested for this operation are:

(*a*) *To check sexual desire*; the clitoris especially, as the female counterpart of the male penis, having been regarded as the centre of sexual excitement.

(*b*) *To prevent hypertrophy*; in view of the hypertrophic development of the clitoris and labia among many peoples, whether congenital or acquired through excessive onanism.

(*c*) *As a Preparation for Sexual Life.* In some cases it is regarded as promoting fertility.

It will be noted from this abbreviated review, taken from Hastings' *Encyclopædia of Religion and Ethics*, that some observers state that the purpose of both male and female circumcision in its origin was to check onanism, whilst others regard it as being performed in order to promote fertility. These two factors would seem to me to be the only ones likely to be connected with its origins, and since to check onanism would promote fertility, it would seem that the promotion of fertility was its primary object.

The Antiquity of Man

Our knowledge concerning the antiquity of man has been vastly extended during recent years. We know, for instance, that man existed all over the Old World from 500,000 B.C., and that in all probability he existed in 600,000 B.C. and possibly even earlier.[1]

We do not know, however, when the *primary repression of incest* began or over what period it extended before its traumatic effects on the reproductive instinct resulted in the *secondary wave of repression* here under consideration.

Since history goes back only from four to five thousand years B.C., we can but conjecture, from our increased knowledge of the antiquity of man, that *these two phases of phylogenetic repression are also of far greater antiquity than was hitherto supposed, were widely separated, and extended over vast periods of time.* In ontogenesis the corresponding repressions of the positive and negative phases of the Œdipus complex occupy the short space of from two to three years.

It is a remarkable fact that these two waves of repression occurred throughout the world, in countries between which there could in those times have been no communication. We

[1] Abbé Henri Breuil. "The Discovery of the Antiquity of Man (Some of the Evidence)." Huxley Memorial Lectures for 1941. *Jour. Royal Anthropol. Inst.*, Vol. 55 (1945).

suppose therefore that they were a consequence of some chemico-biological evolutionary process, whose cause is still to be discovered.

We conjecture that the repression of incest was a consequence of male sexual rivalry (the fighting instinct) having become a biological threat to the survival of the species. The frustration of the sexual instinct, by inhibiting the aggressive and libidinal impulses, upset the dynamic equilibrium of the biological process at its very roots.

This traumatic repression of the heterosexual impulses, we suggest, resulted in a considerable degree of inversion in males and females alike, a diminution in male activity and courage, an increase of aggressiveness among the females, and much masturbation in both sexes.[2] The biological threat to the survival of the species was thus still present, though in another form, i.e. a *weakened reproductive impulse associated with psycho-pathological bisexuality and ambivalence between the sexes*, instead of the original male sexual rivalry.

The psychological position of the female in the family and tribe appears to have been strengthened by the primary repression of incest, and all the evidence points to a period of matriarchy having been widespread, if not universal.

It would appear highly probable that all peoples have passed through a phylogenetic phase of circumcision. Whether there are any tribes or cultures in whose pre-history circumcision has had no part *at any time* we do not know. (Were this the case, one would suspect that it was a consequence of the persistence of a matriarchal system.) The fact that circumcision is not universal to-day does not, however, preclude its having been so in the distant past. We can take in comparatively modern times the one example of Christianity. While this religion rejected circumcision, yet the indelible impression made by the practice upon the minds of countless generations of their ancestors still provides its adherents with a phylogenetic reinforcement to the ontogenetic repression of the negative phases of their Œdipus complexes in Christian boys and girls. So far as I am aware this is equally true of all civilized peoples of whatever religion.

That any race or tribe exists in which the children do *not* pass through the negative phases of the Œdipus complex, and in which circumcision is not performed at a later age, still remains to be demonstrated by psycho-analytically trained anthropologists. If, however, all human beings are either circumcised or pass through both phases of repression in ontogenesis, then we may safely assume that both those phases took place in phylogenesis throughout the world.

The fact that among contemporary races circumcision is performed sometimes shortly after birth, sometimes at varying ages, has no bearing on the problem of primary origins and motives.

There can be little doubt that in early phylogenesis, circumcision was performed at puberty under conditions of inconceivable cruelty (judging by what occurs in the puberty rites of primitive races to-day). The effect of this was to reinforce the unconscious aggression already driven back into the id by the primary phase of repression.

It must, I think, be obvious that the ruthless deprivations, chastisements and injuries inflicted by the tribal elders on their would-be rivals, provided the former with considerable satisfaction for their own aggressive impulses, while at the same time the abject state of fear and submission to which the initiates were reduced, mitigated the anxiety bound up with the elders' fear of rebellion and a repetition of the primal crime.

II

General Discussion

According to psycho-analytical theory, circumcision is a symbolical substitute for castration, the sole object of which is the repression of incest.[3]

This sweeping conclusion, I feel, cannot be substantiated. To attribute a 'sole' motive to any widespread custom, one would have to be completely certain of the facts. I hope rather to show that circumcision had as its object to *counteract the effects of the primary frustration of the sexual instinct.*

Freud, in a chapter on anxiety and instinctual life among contemporary Europeans, writing about castration anxiety, says:

'It is not primarily a matter of whether

[2] This hypothesis receives support from the fact that apes, monkeys, horses and other animals resort to masturbation when their sexual impulses are frustrated in captivity.

[3] Freud, *Moses and Monotheism*, p. 197. (Similar views are expressed in *Totem and Taboo*. See also Theodor Reik, *Ritual, Psycho-analytic Studies*, p. 105.)

castration is really performed; what is important is that the danger is one that threatens from without, and that the boy believes in it. He has some grounds for doing so, for, not infrequently, threats of his penis being cut off are made during his phallic phase, at the time of his early masturbation; and no doubt allusions to such a punishment will always find a phylogenetic reinforcement on his side. We have conjectured that, in the early days of the human family, castration really was performed on the growing boy by the jealous and cruel father, and that circumcision, which is so frequently an element in puberty rites, is an easily recognizable form of it. We are aware of how far removed we are from the common point of view in saying this, but we must maintain our position that fear of castration is one of the most frequent and one of the strongest motive forces of repression, and, therefore, of the formation of the neurosis. The analysis of cases in which not, it is true, castration itself, but circumcision, has been performed on boys as a cure or as a punishment for masturbation has provided us with conclusive proof that we are right.' [4]

Masturbation is commonly supposed to have a weakening effect, and that is the reason usually given for its prohibition. We know that masturbation is also frequently regarded by parents as a kind of 'defiance of their authority', and that it touches parents unconsciously on their own repressed narcissistic tendencies, hence calling forth inhibitory reactions similar to those through which their own masturbatory tendencies were frustrated.

The confirmation of the castration fear in the menstruation trauma causes the boy to give up his object, and the anxiety situation which follows drives him to obtain satisfaction narcissistically in masturbation, *in which he uses his foreskin to replace his lost object (mother)*. Circumcision deprives him of the feminine element (foreskin) in this narcissistic satisfaction. It is this 'deprivation' that is of primary importance.

It is to be noted that among savages, although circumcision is performed at puberty as a part of the ceremonies through which a boy *passes over to full masculinity and identification with the men of the tribe*, it is often preceded by various methods of inculcating castration fear and inhibiting incestuous impulses, such as knocking out a tooth, etc., all of which are castration equivalents intended to impress on the novice what will be his fate if he contravenes the incest rules. But what would be the necessity of following these castration-inhibitory methods by circumcision, if the inculcation of castration fear were the latter's *only* function?

The original function of circumcision in boys and of clitoridectomy in girls was, I am convinced, *to modify the psycho-bisexuality which had resulted from the traumatic frustration of the heterosexual impulses in the original repression of incest. It represented a second wave of repression by means of which boys re-identified themselves with men and girls re-identified themselves with women.*

Clitoridectomy is an actual minor castration which minimises the girl's masculinity. As regards the performance of circumcision as a ritual in sacrifice, the mere fact that circumcision was and still is so performed does not warrant the assumption that sacrifice accounts for its origin. Where circumcision takes place as a part of religious ritual, we may, I think, safely assume that the custom was taken over from more primitive people among whom its origins had been lost through repression. The important point here is that *the sacrifice was made to the goddess of fertility.*

Regarding the female castration complex, Freud states: 'Fear of castration is naturally not the only motive for repression; to start with, it has no place in the psychology of women; they have, of course, a castration complex, but they cannot have any fear of castration. In its place, for the other sex, is found the fear of the loss of love.' [5]

With this statement, that women cannot have a fear of castration, I disagree, both on anthropological and psycho-analytical grounds. It is just as illogical as to state that a man cannot have a wish for impregnation (the homosexual wish for a child from the father) because he has not got a womb. In female circumcision (the extirpation of the clitoris) the castration of the homologous penis in girls *actually takes place.* Ontogenetically, the fear of castration in girls may be derived among other factors from the mother's threat to cut off the offending hand if the girl masturbates, the latter construing this as a castration threat, a fear for which she has phylogenetic reinforcement in clitoridectomy.

[4] Freud, S. (1932). *New Introductory Lectures*, Lecture XXXII, pp. 112–13.

[5] Freud, S. *Op. cit.*, p. 115.

In speaking of the ' loss of love ' being the parallel in the girl of the castration fear, Freud does not mention, *in this connection*, the frustrated desire for impregnation upon which this instinctual fear is ultimately based, but connects it instead with the pre-œdipus oral and birth situation. This, no doubt, was the result of his conviction that with the girl the negative Œdipus complex precedes the positive. This theory, however, does not accord with much of the evidence that has been brought forward by a number of his followers (Ernest Jones and others of the British Psycho-analytical Society).

In his chapter on anxiety and instinctual life, Freud makes no mention of the rôle of the pregnancy and parturition complexes, which play a part in the repressed homosexuality and neuroses of men as important as that of the castration complex in women, although he recognized and was the first to explain that hysterical symptoms in women were the expression of repressed phantasies of seduction by the Father—phantasies resuscitated often enough by some later disappointment in their love-lives. Curiously enough, he did not seem, so far as I am aware, to recognize that hysteria in men is also based on the similar expression of the repressed homosexual phantasies of seduction by the Father. Hence the fear of loss of the father's love in the boy's negative Œdipus phase plays the same rôle as it does in the girl's positive phase.

Castration fear in the boy has its origin in his positive Œdipus complex, while in the girl it belongs to her negative Œdipus complex.[6] *The masculinity complex in men and the femininity complex in women are reaction formations born of repressed homosexuality, i.e. the opposite tendencies.*[7] *Upon the degree of the unresolved masculinity and femininity complexes in men and women rests their capacity or incapacity for objectivity regarding the psychology of the opposite sex.* I maintain that femininity, its causes, and the causes of its repression explain the masculinity bias in men, while masculinity, its causes and the causes of its repression explain the femininity bias in women.

According to psycho-analytical theory, ' *the abolition of clitoris sexuality is a necessary precondition for the unobstructed development of femininity, and the extent of the girl's struggle to give up masturbation is directly related to and dependent upon the strength of her penis envy.*[8] This theory is in keeping with the custom of *extirpating the clitoris* (once widely prevalent and still common among many contemporary primitives),[9] to all appearance with the object that the women may give up their aggressivity, become more docile and develop satisfactorily as wives. If this be so, we see that this primitive custom rests on sound psychological premises.

Male circumcision rests upon equally sound psychological motives; it similarly deprives the boy of his vaginal sexuality (foreskin), enabling him to give up his pathological femininity. The boy's struggle to give up masturbation, that is, is also directly related to and dependent upon the strength of his envy of femininity. In both sexes, however, there are two phases of onanism, a positive and a negative.

It must I think be conceded that circumcision, by depriving both sexes of portions of their genital organs, prevented those organs—and hence also their total personalities—from functioning as a ' whole '.

The prevention of acquired homosexuality through enlightened education instead of its repression through genital surgery and its psychological equivalents will in the future be a necessary precondition for the *unobstructed development of a normal ' unified ' heterosexuality* with a lessening of sado-masochism and ambivalence.

I believe that the future of civilization

---

[6] This subject is discussed in detail in a forthcoming book entitled *The Role of Female Sexuality in Human Evolution*, in the chapter dealing with ' The broad phases of the Incest Complex.'

[7] *Explanatory Note.* Put in another way—the masculinity (superiority) complex in men is a reaction formation to (1) repressed fear of impotency, (2) repressed femininity (homosexuality). The femininity (inferiority) complex in women is a reaction formation to (1) the repressed fear of frigidity resulting from conviction of their inability to attract, (2) repressed masculinity (homosexuality).

Jealousy of the sexuality of the *opposite* sex belonging to repressed homosexuality plays an important part in both male and female *bias*.

Men by way of reaction formation psychologically intensify their sense of power and superiority, which leads them to *over-value* their masculine sexual rôle and *depreciate* the feminine sexual rôle. This power complex in men sometimes leads to *prodigious accomplishment both intellectual and physical, where traumatic frustration has been followed by successful repression and sublimation.*

The exaggerated narcissistic valuation of the penis in man is illustrated in one of the paintings at Pompeii, where a man is shown weighing his penis in a pair of scales against bags of gold.

[8] Freud. *Op. cit.*

[9] By the Zulus, Kaffirs, Wachogga, Wangoma, and Abyssinians in Africa; the Arunta and various other tribes in Australia; and various tribes in South America.

depends largely upon man's ability to make this advance and so to effect a re-synthesis of the ego; an ego originally divided by the traumatic repression of incest. There can be little doubt that the repression of incest had a traumatic effect on the minds and emotions of our primitive ancestors, which weakened the heterosexual and increased the homosexual components of their bisexual natures, i.e. the repression of incest resulted in a *high degree of psychological inversion.* This weakening of the reproductive impulses was a biological threat to the survival of the species.

I advance the hypothesis that *circumcision was one of the principal means through which a psycho-biological readaptation was effected and the weakened reproductive impulse reinforced.*[10]

The understanding of the origins and effects of circumcision will, I think, substantially widen our horizon and increase our understanding of (*a*) the neuroses; (*b*) the variations in racial characteristics; (*c*) the evolution of the religions which have so deeply affected racial development.

III

A discussion of Theodor Reik's [11] and Herman Nunberg's [12] psycho-analytical contributions to the subject of circumcision and bisexuality.

In his application of psycho-analytical theory to the elucidation of the puberty rites of savages, Theodor Reik threw light on the subject, but did not in my view correctly interpret the rôle of circumcision. His approach was strictly in accordance with the psycho-analytical theory then current, and, like Freud in *Totem and Taboo*, he did not take into consideration

(*a*) The part played by female sexuality in psychic evolution, i.e. the mother complex.

(*b*) The menstruation, pregnancy and parturition taboos and their ontogenetic parallels.

(*c*) The female puberty rites and female circumcision, which is the counterpart of male circumcision.

All the evidence points to the *traumatic* repression of incest, with the frustration of the aggressive and libidinal components of the sexual impulse, having caused a considerable degree of inversion in both sexes, the result of which was a split in the ego, a *psycho-pathological form of bisexuality being superimposed upon the biological bisexuality common to the remainder of the animal world.* At a later period, for reasons already indicated, there followed the repression of the narcissistic masturbatory impulses and these inverted tendencies. We can understand these phases of evolution only in so far as we are able to explain the causes of inversion (partial or complete) in the ontogenetic evolution of both sexes, and of the repression of these negative phases of the Œdipus complex.

Since, some three years ago, I wrote the foregoing section on Circumcision, an important psycho-analytical paper by Herman Nunberg has appeared, containing material which lends support to the hypothesis advanced by me to account for the origin of circumcision, for which hitherto no adequate explanations have been furnished either by anthropology or by psychology.

Moreover, apart from my own contributions, Nunberg, for the first time in the history of psycho-analysis, has provided clinical evidence of the *rôle of the menstruation trauma within the Œdipus complex*, thus confirming the theory I first advanced some twenty years before. With the exception, however, of Sandor Ferenczi [13] and Karen Horney,[14] and to some

---

[10] This drastic manner of effecting its biological purpose, by surgically depriving men and women of a part of their sexual organs, prevented them thereafter from functioning either physically or psychologically as 'unified personalities'. Smuts' theory of 'Holism' may possibly derive from this organic repression.

[11] Theodor Reik (1931): *Ritual.* London, Hogarth Press.

[12] Herman Nunberg (1947): 'Circumcision and the Problem of Bisexuality.' *Int. J. Psycho-Anal.*, Vol. **28**; and *Problems of Bisexuality as Reflected in Circumcision.* London, 1949, Imago Publishing Co.

[13] Sandor Ferenczi in his presidential address before the International Psycho-analytical Congress held at Oxford (1930) drew attention to the importance of my work on the menstruation complex, which he considered of equal importance with the psycho-analytical theory of the castration complex. After the congress Dr. Federn invited contributions from members of the various branches of the International Psycho-analytical Association on Menstruation, and devoted Heft No. 5/6 of the *Zeitschrift für psychoanalytische Pädagogik*, **5**, 1931, to their publication. The following authors contributed: Karen Horney, Heinrich Meng, Karl Landauer, M. Schmideberg, Mary Chadwick, Karl Pipal, E. Pfeffer. A note of my own was added. 'Zu meinen Arbeiten über die weiblichen Tabu-Vorschriften (Eine Zuschrift an die Schriftleitung).' In a note to Horney's paper, 'Die prämenstruellen Verstimmungen,' she says: 'I do not here deal with the explanation of the menstruation taboo, but only refer to the very profound and far-reaching work of Daly.

[14] Karen Horney: 'The Dread of Woman,' *Int. J. Psycho-Anal.*, **13**, 1932; 'The Denial of the Vagina,' *Int. J. Psycho-Anal.*, **14**, 1933; and 'On the Genesis of the Castration Complex in Women,' *Int. J. Psycho-Anal.*, **5**, 1924.

extent M. Schmideberg, few analysts at that time were willing to concede that the menstruation complex was of consequence *in the infantile genital phase* (Œdipus complex). To do so was to go beyond orthodox psycho-analytical theory.[15]

Nunberg says:

'As early as 1912 Freud recognized the inner relationship between circumcision and castration, and Theodor Reik, in his excellent study of the puberty rites of primitives, proved that circumcision represents symbolic castration, its underlying motive being the repression of incest. By means of these rites the boy is declared a man, introduced into the community of men and granted sexual license with non-incestuous objects.' It is, I think, open to contention whether Reik was entirely correct in his conclusion regarding the symbolic significance of circumcision; although, no doubt, some element of castration fear was present (originally) in the performance of the rite, nevertheless the principal object of circumcision was in my opinion to counteract the inversion which followed the traumatic repression of incest.

Nunberg, very rightly in my view, then raises the question why injury to the penis should make a man more masculine. It would thus seem that there was some lingering doubt in his mind concerning Freud's and Reik's contention that circumcision represents *solely* a symbolic castration having no purpose other than the repression of incest. If indeed this supposition was correct it would be difficult to explain how 'another dose of the same medicine' which in early phylogenesis had effected the frustration of the aggressive component of the sexual instinct and the repression of incest could, at a later date in our psychic evolution, whilst maintaining this repression of incest, increase masculinity.

Nunberg agrees with Reik's contention that the 'initiation ties up homosexual libido and facilitates identification with the father, also that it releases heterosexual libido caused by the boy's separation from his mother and longing for her—both of which changes in the distribution of libido foster the masculinity of the initiated boy.'

I agree that these changes take place as a result of the initiation rites, but am opposed to the contention that circumcision merely represents a symbolic substitute for castration having no other object than to maintain the repression of incest.[16]

Nunberg makes the observation from his psycho-analytical experience, which is in agreement with my own, that 'the loss of the mother and the loss of the foreskin are closely associated in the boy's mind, *as if femininity and foreskin were the same* (My italics—C. D. D.). Since, moreover, the glans is freed by circumcision the boy's penis becomes similar to his father's. This similarity, encouraging the identification of the boy with his father and supporting his sense of equality with his father, strengthens his masculinity.' I presume that Nunberg here means the similarity of the exposed glans penis, after the removal of the foreskin by circumcision, is what strengthens the boy's masculinity through identification with the circumcised father. At any rate that is my opinion. I would draw particular attention to the fact that in the puberty rites of primitive peoples the loss of the mother and the loss of the foreskin take place at the same time.[17]

Nunberg further remarks: 'And yet it is also possible that the injury to the penis intimidates the boy and impairs his development to

---

[15] Money Kyrle. Writing of the Hindu goddess Kali, the author says: 'But Daly extends his interpretation *beyond the current analytical theory and supposes that the form of Kali resulted from what he calls the Menstruation Complex*. Of this, at least, we can be fairly confident, that Kali was a phallic goddess and that she castrated and destroyed her consort.' (My italics—C. D. D.)

I quote the above remarks of Money Kyrle only to show that the existence of the 'Menstruation Complex' had not at that time been appreciated in psycho-analytical theory. Had the author known of the Chinna-Masta form of Kali, the menstruating goddess who decapitates herself and drinks her own blood, *whilst dancing upon two human lovers*, he might have admitted that there was some foundation for my conclusion.

When I showed Freud the picture of Kali more generally known, he at once recognized that the myth that Kali castrates and destroys her consort is a projection on to the hated Father of the son's fear of castration by the mother.

[16] That one of the principal motives of the puberty rites among contemporary savages is to maintain the repression of patricide and incest no one would wish to deny, but it is, I think, erroneous to suppose that these rites among contemporary savages have no other purpose than the repetition of the original repression of incest, and to ignore the primary effects (i.e. inversion) of that repression in phylogenetic and ontogenetic evolution, and the necessity for counteracting those effects.

It is highly probable that in phylogenesis castration and the threat of it chronologically long preceded the introduction of the operations of circumcision, clitoridectomy and sub-incision. The problem is to explain the necessity for and the motive of these later repressive measures.

[17] The majority of Jewish boys are circumcised eight days after birth.

full virility. The injury leads to intimidation by and submission to the father, to the inhibition of erection and to the suppression of certain heterosexual incestuous desires, briefly to a weakening of the masculinity of the initiated boy. In other words the circumcision stimulates the feminine as well as the masculine strivings of the boy.'

There is much food for thought in the above remarks, but in view of my hypothesis concerning the original motives with which circumcision was performed and its connection with psycho-bisexuality, I think it advisable to be wary of basing our conclusions upon the effects of late circumcision in civilized peoples. In clinical analysis the observed psychological effects of the operation vary considerably according to the particular phase in which it is performed—i.e. infancy, positive or negative Œdipus phases, post-Œdipus, puberty, etc. Viewed in this light the case histories furnished by Nunberg are of exceptional interest.

Taking a very broad view I agree with Nunberg that the above-enumerated phases of a late circumcision may occur; and yet I am of the opinion that the original psycho-biological function of male circumcision was to *reinforce* the masculinity of the initiated boy, whilst retaining the repression of incest. In phylogenesis the homosexual 'marriage' with the father in the puberty rites would appear to have had the object of diminishing matriarchal authority. No doubt femininity was temporarily stimulated during the actual performance of the rites, which also inhibit any active homosexual libido (as well as maintaining the suppression of patricidal aggression and heterosexual incestuous impulses), and to this degree alone circumcision may have deprived the male of *some* of his virility, though it *increased his unconscious aggression and hatred.*

The identification of glans penis with masculinity and foreskin with femininity, the rôle of the horrifying affects of the mother's menstruation, the secondary effects of late circumcision involving castration fear, re-birth phantasies, etc., are brought out with clarity in Nunberg's stimulating paper.

I would particularly note the birth phantasy in relation to circumcision in the hermaphroditic phantasies of one of his patients: 'When the sex of the child has been decided upon, it is cut into two parts, the boy retains the penis and the girl gets the prepuce.' 'When he (the patient) at last accepted the idea that the child is born out of the mother, he imagined that in the hospital the child is cut out of her in a way reminding him of circumcision. In fact by circumcision the glans penis is freed; it emerges like an infant from the mother's womb; in other words after circumcision, a new penis is born which looks like a phallus in erection with retracted foreskin (i.e. like his circumcised father's phallus—C. D. D.).

'As in the system Unconscious or in primitive thinking a part is taken for totality, so here the whole body is identified with the new phallus; the child is born, the initiated, the circumcised boy, is reborn without a foreskin and is thus a man.'

We may, I think, interpret the rebirth without a foreskin as meaning that he is freed from his negative Œdipus phantasies and identification with his mother and is thus enabled to re-identify himself with activity and manhood, i.e. his father with exposed glans penis.

Nunberg further points out that circumcision occurred at an age at which the patient was intensely interested in the problem of the difference between the sexes and the birth of man, and that we should not therefore be surprised to find a number of phantasies related to these matters. He says, 'In the hermaphroditic phantasy the patient tried to solve two problems at once, the origin of man and the difference between the sexes. According to this phantasy the boy and the girl constitute a unit before birth, at birth they are separated, the boy retains the penis and the girl retains the foreskin; in other words the unity between man and woman is destroyed by birth or castration.'

I would like to point out the probability of there being a connection between these phantasies and the circumcision which deprived him of the *original* (*natural*) *bisexual unity of his total personality*.

In the puberty rites food restrictions play an important part preparatory to the final cruelties which effect the double repression, produce amnesia and bring about the psycho-biological readaptation by means of which the reproductive impulse fulfils its original biological aim.

From Nunberg's material it is, I think, possible to illustrate the confusion existing in psycho-analytical theory between the *effects* of the castration trauma and the circumcision which counteracts these effects. Speaking of one of his case histories, he says:

'We remember his (the patient's) phantasy that the Doctor who performed the circumcision kept the foreskin for himself and that the patient *felt tied to him by marriage.*[18] (My italics—C. D. D.) We further recall his idea that his analysis would be *incomplete unless he recovered his lost foreskin*[19] (My italics—C. D. D.) and that, besides, he considered the end of his analysis as the beginning of complete uninhibited sexual freedom. The idea of sexual freedom was thus coupled in his mind with the expectation of regaining his prepuce. The fulfilment of this expectation would, therefore, have removed his homosexual dependence on, or his submission to, the Doctor (Father—C. D. D.), just as it would also have liberated his desire for heterosexual gratification. For, as has been pointed out in connection with one of his dreams, he had been unhappy and excited when, after his circumcision, his mother declined to continue taking care of his penis as she had previously done. Analysis of this dream showed that he identified the loss of his foreskin with the loss of pleasure derived from his mother touching his penis. Thus restitution of his foreskin was to him tantamount to regaining his mother, who would as formerly provide him with sexual pleasure. *The restitution of both, the mother and the foreskin, therefore had for him the same significance as nullification of the circumcision.*' (My italics—C. D. D.)

Up to this point all is clear. Nunberg then goes on to say:

'The circumcision, which had at first caused homosexual attachment, soon provoked rejection of this submission to the castrating father, and re-established his heterosexual strivings for the mother by whom he felt deserted.'

This, to me, shows how circumcision performed at five years of age may result in the fusion of the two phases of evolution (widely separated in phylogenesis), the repression of which was originally effected by castration fear and circumcision respectively, so that the circumcision failed to bring about the results which were the original motive for its performance in phylogenesis, i.e. the repression of his femininity and passive submission to the Active Mother. All the way through this case history we find the patient striving to reinstate his passive sexual relation with his active mother. His previous positive Œdipus disappointment had been mitigated by his mother's handling of his penis, which he passively enjoyed. The circumcision *temporarily* destroyed this relationship and freed him from his passive attachment to his mother, but here the disappointment of his active homosexual wish to handle the father's penis reawakened his longing to be handled by his mother, so that he rejected his homosexual attachment to the father and strove to reinstate his passive relation to his active mother. I would like here to digress to the hypothetical consideration of psychic evolution. In early phylogenesis there would appear to have been two *widely separated phases of repression*, both of which are now repeated at short intervals in ontogenesis. The first of these, which brought about the frustration of male rivalry (the fighting instinct) through the repression of incest, corresponds to the positive phase of the Œdipus complex. The second wave of repression corresponds to the ontogenetic repression of the *negative Œdipus phase*; in boys, this repression takes place as a consequence of the parturition complex, and in girls as a consequence of the castration complex, i.e. the reverse of the repressions of the positive phases.

It has been widely accepted in psychoanalytical literature that the puberty rites of contemporary savages are concerned with the repression of the first phase alone, a conception which I am convinced is erroneous. In studying anthropological literature one is impressed by the excessive cruelty practised in the puberty rites; should we not therefore pause to consider how much more severe and traumatic must have been the measures by which instinct was inhibited at the dawn of human evolution? Surely nothing short of the fear of death could have occasioned the inhibition of the sexual instinct in the first place. Later, when fear had become centred in the genitals as a result of this first wave of frustration, the threat of castration and death was probably gradually resorted to as a means of inhibiting the anti-social impulses, while death and castration were the actual penalties for murder or incest. I conjecture that the traumatic repression of the sexual impulse not only weakened the reproductive impulse, but also eventually led to homosexual rivalry which repeated the disintegrating effects, in the social unit, of the previous heterosexual rivalry. Hence the

[18] See note 36, p. 234.

[19] See note 10, p. 222.

necessity for overcoming both sources of rivalry in the interest of tribal integration, and at the same time of reinforcing the reproductive impulse by a 'readaptation' *providing a libidinal outlet of a restricted nature.*

It is this readaptation and the second wave of repression which occasioned it with which we are here principally concerned. For the relief of psycho-pathological illness we have fully to know both the causes of inversion and the causes of its repression.

The problem of bisexuality, Nunberg says, persistently occupied Freud's mind, and was to him rather a biological problem. He quotes Freud's summary of the subject in the posthumously published paper, *An Outline of Psycho-Analysis:*

'We are faced here by the great enigma of the biological fact of the duality of the sexes: for our knowledge it is something ultimate, it resists every attempt to trace it back to something else. Psycho-analysis has made no contribution towards solving this problem, which clearly falls entirely within the province of biology' (p. 55).

Freud, however, also said:

'The fact of psychological bisexuality embarrasses all that we have to say on the subject and makes it more difficult to describe' (p. 56).

It is necessary, it would seem to me, that we should differentiate between these two distinct though related phenomena.

Biological bisexuality. Common to animals as well as to *Homo sapiens*, this is a problem which lies within the province of biology.

Psychological bisexuality is a form of bisexuality which I postulate was superimposed upon biological bisexuality and was (and is) a consequence of the traumatic repression of incestuous heterosexuality. This problem therefore lies within the sphere of anthropological and psycho-analytical research, and in my view is susceptible of psycho-analytical solution.

In studying this problem in ontogenesis, we have to take into consideration not only the traumatic cause of the repression of the heterosexual incestuous impulses and their effects, but also the causes and effects of the repression of the inverted tendencies which are a consequence of the former repression. Furthermore, we have also to consider the acquired susceptibility to trauma in this second wave of repression inherited from phylogenetic circumcision in both sexes, which is one of the most important of those 'archaic heritages every child brings with it into the world' (Freud).

We gain nothing by avoiding their solution and blaming biological science for the gaps in our own theories and reconstructions. How are we to account for the *psychopathological bisexuality of 'human' nature?* The answer to me seems clear, and I can here only repeat it: *by the inversion which followed the repression of the aggressive and libidinal components of the sexual instinct and the consequent increase of the psychic homosexual component of our bisexual nature.*

Attempts to solve this intricate problem of psychopathological bisexuality through deductions derived from patients' phantasies emanating from regressive or negative Œdipus levels have only led to confusion; since the solution of the problem was to be sought in the *unresolved factors connected with the repression of the positive and negative phases of the Œdipus complex in both sexes.* It is here that the hitherto unresolved ontogenetic parallels of the two most virulent of the primary taboos (the menstruation and the parturition taboos) become, in my opinion, of paramount importance in the solution of the problem. In the attempt to explain unconscious male disgust and loathing of the female genitalia, psycho-analysis has rested content to attribute it to simple castration fear,[20] the cloaca theory and anality.

Its investigations have not gone far enough. It has neglected the menstruation complex, the importance of which lies in the fact that the menstruation trauma, by confirming the castration fear and the fear of being eaten, is responsible for *the inhibition of the forepleasure of smell and taste at the genital level.*

I hold fast to my contention that it is the genital olfactory tropisms of the mother which excite the boy's incestuous sexuality, causing erection and the desire for maternal coitus, and that the repression of smell in man has its origin in the repression of incest. Further, that psychogenetic *anosmia* is a defence against olfactory excitation of the sexual impulse.

[20] Freud's contention was that in boys their castration fears receive their first confirmation in the observation of the genitals of a sister or little girl playmate—a theory which *side-tracked* the more potent concept of castration fear connected with the mother's dynamic sexuality, i.e. pubic hair, olfactory emanations, menstruation, etc., at an earlier level of repression.

Throughout the greater part of the animal world olfaction is the unfailing means through which oral and libidinal (mating) [21] satisfaction or rejection takes place. The easily observable existence of castration fear led in the early days of psycho-analysis to *insufficient scientific suspension of judgement as to its dynamics.*

Nunberg draws attention to the connection between the circumcision rites and the creation myths. He quotes Father F. Winthuis, a Catholic missionary who lived for a long time among the primitives of Central Australia, as being of the opinion that ' all primitives think and talk in bisexual terms; in bisexual innotations; that all customs, songs, legends, ceremonies, religious rites and myths are of bisexual nature. The creation myths, he says, present the ancestor of the human being as a bisexual creature which was split in two, a man and a woman, whose goal is reunion, rebirth as a man-woman, as an androgyne.'

Though the original traumatic repression of incest was responsible for the psycho-pathological increase of homosexuality in both sexes (i.e. the inverted tendencies), the means by which a psycho-biological adaptation was effected, viz. circumcision, actually deprived men and women of that portion of their sexual organs through which nature intended them to receive gratification of the *normal* homosexual component of the physiological bisexuality. Thus circumcision, it is suggested, leaves them with the unconscious wish to regain their *original bisexual unity.*[22]

Nor should we overlook here that circumcision deprives the boy of his foreskin at the same time as he is separated from his mother. There is a connecting link between the foreskin, which has the biological function of protecting the glans penis, and the mother who protects the son in childhood. The sense of loneliness and loss which must result from the separation from the mother and family is no doubt later compensated for by the identification with the adult males and participation in male pursuits.

Let us now return to our consideration of Nunberg's paper. In Section III, ' Attempts to Reject the Circumcision ', he gives the analysis of an orthodox Jew, and the patient's reactions to the circumcision of a son born to him during the analysis.

In the analysis of one of this patient's dreams, Nunberg also goes beyond psycho-analytical theory [23] and shows the rôle played by the mother complex and the menstruation trauma in the Œdipus complex; his material confirming the views I have long ago expressed.

For the very full and excellent analysis of the dream (and one which followed it) reference should be made to the original paper. Here I propose only to give the dream, and a few cogent extracts from its analysis, interspersed with comments.

The dream was as follows:

' *I had to take a drink out of a cup. I put a hat on to say a blessing, but I did it surreptitiously, so nobody would see me doing it. I was ashamed. Two nurses from the hospital* (where his wife was confined in childbirth) *saw me; they came over to me. They did not realize that I was doing anything to be ashamed of. They asked me about the cup. I pointed out to them that it has to be done according to a certain ritual; the rim has to be metal, so it won't chip. The wine cup was made out of a piece of metal which was S-shaped. It was an innovation. There was another cup of silver that I had to use. It was like my father's cup. I said to the nurses: " It is best not to force a person to do things, not to force him to use the silver cup when he wants the other cup.* " '

Extracts from Nunberg's analysis:

' I took the opportunity to call the patient's attention to the fact that . . . the woman with the penis was symbolized by the cup with the metal rim and that the cup somewhat resembled a foreskin with a penis hidden in it.

' He then recalled a circumcision that he had once witnessed. " When the foreskin was cut and a lot of blood rushed out," he said, " I could not look at it. I got sick and fainted." Yet, he noticed, and since then had always remembered, that the head of the penis stood out as something of particular importance. He added, " When I saw this gaping wound around the head of the penis, *I thought that the bleeding vagina must look like that.*" ' (My italics—C. D. D.)

[21] George Groddeck writes in *The Unknown Self*: ' Even the most learned of men has to let his sense of smell decide for him in all his love affairs,' p. 55. ' In spite of all learned teaching to the contrary, man is *primarily a " nose-animal "; he only represses his acute sense of smell during childhood* because life would otherwise be unbearable,' p. 140. (My italics—C. D. D.)

[22] This idea that men in the beginning were hermaphrodites, may also be connected in the unconscious with *sub-incision*, in which the youths are terrified by their elders who demonstrate before them as men possessed of both glans penis and bleeding vagina.

[23] See note 13, to p. 222.

In my embryonic paper on *The Menstruation Complex* [24] I included a dream of fainting at the sight of a bleeding vagina. We see from the above association the connection between the castration fear and the menstruation anxiety.

'It is difficult,' Nunberg says, 'to hate a person whom you love and who loves you. These two feelings come very easily into conflict with one another, forming the basis of the "feeling of guilt". Our patient's feeling of guilt towards his mother seemed to be coupled with the castration complex, as it was in relation to his father. For during the discussion of the feeling of guilt connected with his aggressive impulses against his mother, he said suddenly: "When this woman in the phantasy sucks my penis, I have a . . . peculiar feeling that I must not move, that I must not do anything to her; and I wonder whether this "headdress" had something to do with a bandage, with something that heals a wound . . . Kotex."

'Is it not striking,' Nunberg says, 'that at this moment he disclosed the fact that the shawl had still another feature, one that made it similar to a "dressing", to a bandage which heals wounds? By the association "Kotex" the type of wound which he had in mind is indicated: *Menstrual bleeding*. (My italics—C. D. D.)

'The patient had unconsciously fused a recollection of a cat's bleeding nipples with the repressed memory of his mother's bleeding genitals. He had been horrified at this sight and had overcome his horror by denying their existence and by converting them into something quite different in the phantasy of the woman with the shawl. They were made to appear not horrible and repulsive, but attractive like the flower on the shawl. If the "perfect" woman was the woman with the penis, the attractive and immaculate woman is a woman who has no genitals.'

I would repeat that this patient's passive phantasy of his mother sucking blood from his penis is connected with repressed active and passive phantasies of *fellatio*—he sucking his father's penis and his father sucking his—beneath which lie repressed active oral-libidinal impulses *to smell and lick his mother's bleeding genital* in the positive phase of his Œdipus complex, impulses later inhibited by the menstruation trauma, and deeply repressed since these impulses are associated with the *extremest form of loathing and disgust*.

Though I agree with Nunberg that oral libidinal impulses at the Œdipus level derive from the pre-genital oral phase, nevertheless I adhere to my contention that *the repression of the oral component of the sexual impulse* (*to smell and lick* (*taste*) *the female genital organ*) *at the height of the positive Œdipus phase, is of greater importance*. The effect of this trauma may cause regression to the pre-genital oral and anal phases: this regression carrying with it all the sadism of frustrated aggression and love.[25]

Nunberg says:

'But what has this idea to do with feeling of guilt? The answer to this question is fairly simple: the recollection of the bleeding nipples brought into focus of our patient's consciousness his repressed aggression against his mother and the feelings of guilt attached to it. The latter released the associations of the headdress, the Kotex and the floral design. These, in turn, were allusions to the sight of the mother's bleeding genitals. We may, therefore, infer that this sight caused not only horror,

[24] Daly, C. D. 'Der Menstruation Komplex' (1928), *Imago*, **9**. About the same time I published two related papers: 'Hindu Mythologie und Kastration Komplex,' *Imago* (1927) and 'Der Kern des Œdipus Komplex,' *Int. Z. f. Psycho-Analyse*. During the last twenty years I have continued my researches, modifying my earlier findings in some minor respects, particularly as regards their biological and physiological concepts, and extending them in others. My main conclusions regarding the importance of the menstruation trauma at the Œdipus level stand unchanged, and have been amply confirmed by Nunberg's important contribution, and Dr. Sarasi Lal's paper (1) in which he shows how Hindu novices for the priesthood are taught to dwell upon thoughts of the menstruating mother, so that *all sexual desire may be repressed*.

Attention is also invited to my paper 'The Mother Complex in Literature' (1935), *Psychoanalytical Quarterly*, **4**, also in *Samiksa*, **1** (1947), and again in revised and extended form in the *Yearbook of Psychoanalysis*, **4** (1948).

(1) Sarasi Lal Sarkar, 'A Study of the Psychology of Sexual Abstinence from the Dream of an Ascetic,' *Int. J. Psycho-Anal.*, **24**, 1943.

[25] A patient of mine had a dream which showed how his incest phantasies had been inhibited by the fear of his father being confirmed by a menstruation trauma; in this dream the impulse to taste the blood of the bleeding wound was followed by extreme repulsion. The immediate effect of the dream (before analysis, the patient being away on a holiday at the time) was *intense anxiety, insomnia, anosmia, and complete loss of appetite and all sexual desire*.

The analysis of this dream is given elsewhere; briefly it was a consequence of the projection of his super-ego sadism, particularly its feminine component (the introjected, castrating and blood-sucking mother) and his ego reactions thereto. Further the analysis of this dream brought out a forgotten picture which showed that beneath this fear of the menstruating mother lay the displaced fear of the all-powerful father which was the real cause of his impotence.

but also the same feeling of guilt as was aroused by his aggressiveness against her breasts. On the phallic stage he considered himself, unconsciously of course, responsible for the mother's lack of a penis; in other words, he felt as if he had castrated her.'

This material of Nunberg's is highly gratifying to me, since it is the first time that an orthodox Freudian psycho-analyst, of considerable renown, has confirmed the theory I long ago advanced of the part played by the mother's menstruation in the Œdipus complex.

The feeling of guilt belonging to the castration wish against the phallic mother *in the boy's negative Œdipus phase* has its primary origin in the castration wish directed towards the father in the positive Œdipus phase—the castration wish being displaced on to the mother in the menstruation trauma; *after which* the son endows the mother with a penis *in order to deny her horrifying wound*, and then directs his aggression towards it. When he at a later stage discovers that she has no penis he then feels guilty and responsible for her supposed castration because of his previous castration wishes.

This contention in no way invalidates Nunberg's finding that this aggression derives from the aggression at the breast, with which finding I agree; it is, however, the incestuous genital stage with which we are dealing here. It is the repression of the forepleasure, *the oral component (the impulse to smell and taste) of the sexual impulse (i.e. the excitation aroused by the mother's olfactory tropisms at the height of the positive Œdipus phase) which is of paramount importance.* Such repressions, however, tend to be exceptionally traumatic where they have been preceded by an oral trauma, such as premature weaning, which facilitates the path of regression to the oral level. But the *guilt* belongs to the repression of the wish for maternal coitus in the positive Œdipus phase and *not* to the aggression of the pre-genital oral phase. I do not think that the infant at the breast suffers from a deep sense of guilt, but only from a sense of frustration at the non-satisfaction of his hunger.

I would further direct attention to Nunberg's remarks (p. 175) regarding the analysis of this patient's dream, with which, for the most part, I am in accord.

'In our patient's phantasy the face of the woman was blotted out. We know that she represented his mother, whose identity as a sexual being had to be completely disguised. She had no face but she had a mouth. Taking into account the defence mechanism of libido-displacement from one erotogenic zone to the other—here from below upwards—we must draw the conclusion that the mother's mouth symbolized her vagina. Then the patient was carrying out in phantasy incest relations with his mother. In order to conceal the incest from himself everything had to be changed: the mother's face was blotted out; she had no vagina; he was not active. It seems to me' (Nunberg says) 'as if by retreating from activity to passivity and depriving his mother of her sex organs he saved his own genitals. His sexual relations with her took on an oral and passive character. A relationship like that acted out in phantasy had, of course, never existed in reality between him and his mother, but another relationship had once been real; he had, as an infant, sucked at his mother's breasts and bitten them.

'The unconscious wish to bite her breasts, as expressed in drinking from her cup, was completely repressed, there was left in the phantasy only her sucking of his penis, a reversal of his actual sucking at her breasts as an infant.'

I would reiterate my opinion that there is another element of repression that has not come to light here, viz. that the desire to drink from his mother's 'cup' belongs also to the oral-libidinal longing in the positive Œdipus phase stirred by the sight of his mother's bleeding vagina, longings which are inhibited by the castration fear. This tends to be borne out by the fact that the *deepest* loathing in the male is invariably to be traced to this factor.[26] Observation of animals which menstruate shows that menstrual bleeding acts as an attraction and a *binding factor*, not as a repulsion. Moreover, the fact that the patient was *ashamed* at wanting to drink from his mother's cup points to the incestuous origin of the wish.

Let us now return to the consideration of the phylogenetic aspects of instinctual repression. That the taboos have played an important rôle in maintaining amnesia to the dynamic causes

[26] Ample clinical material in support of this statement will be furnished in my forthcoming book entitled *The Rôle of Female Sexuality in Human Evolution.* In this connection it is to be recalled that in *Three Contributions* Freud said that we were not able fully to explain the male *loathing* of the female genital.

of both the primary and the secondary waves of repression, there can, it is thought, be little doubt.

The categorical imperatives, which are the heirs of the taboos, have therefore the phylogenetic reinforcement of thousands of years of traumatic repression, and act in our conscious minds (through the agency of super-ego introjections) in the form of resistances.

I should like, therefore, before summarizing the origins of and motives for circumcision, to digress a moment to consider briefly the taboos of menstruation, pregnancy and parturition.

In a forthcoming work on the menstruation taboo [27] I have shown why it is the *most virulent of all the taboos*, viz. because it is associated with ' id ' oral attraction, aggression, the fears of being eaten and castrated and super-ego sadism. It remains to explain why the parturition taboo is the second most virulent of the taboos. This, however, is not so simple, for it is partly dependent upon the acceptance of my finding that the menstruation trauma is responsible for the repression of the positive phase of the Œdipus complex and is the cause of the inversion which follows, i.e. the negative Œdipus phase.

In the girl, the parturition trauma plays a parallel rôle to the castration trauma (confirmed by the menstruation trauma) in the male, in the repression of her positive Œdipus phantasies and wishes.

Contrary to the general belief, the act of giving birth is the source of the maximum masochistic pleasure to a fully integrated and healthy woman (a fact first pointed out by George Groddeck and received with incredulity by the majority of people). Admittedly this passionate enjoyment of the achievement of the biological aim of the female reproductive impulse is rare amongst the majority of civilized women, since giving birth is with them seldom unaccompanied by some degree of unconscious pathological aversion, often aggravated by conscious social reasons for not wholeheartedly desiring offspring. We should never forget this fact when studying *the parturition complex in the male negative Œdipus phase*, in which the unsuccessful repression of the passive homosexual wish for impregnation by the father has similar consequences to the repression of the same wish by the little girl, in her positive phase, i.e. is productive of hysteria. In both cases the mother's pregnant condition in the later stages gives rise to envy and hatred on the part of the child, which reach a climax when the mother gives birth to a baby.

In the male savage, therefore, we assume that if pregnancy and parturition were not ' taboo ' in primitive societies, both mother and child would be in danger of being murdered by the male community; therefore, just as the taboo of menstruation keeps in repression the son's aggression towards the father, *so the taboos of pregnancy and parturition protect mother and offspring from the adult savage male's aggression, belonging to his repressed femininity*. *Couvade* is also one of the means by which the savage overcomes his aggression towards mother and child, and is fully to be understood only when considered in relation to the pregnancy and parturition taboos.

Normally, in ontogenesis, the conflicts arising from the frustrated love and hate impulses suffer repression in both phases of the Œdipus complex, as a consequence of the overwhelming nature of the fears confirmed by the menstruation and parturition traumas, fears which paralyse the ego and produce amnesia; *amnesia beneath which is hidden the hitherto unrecognized origins of the menstruation and parturition taboos*. Thus the ontogenetic repression of the heterosexual and homosexual incestuous impulses follows the same paths as their phylogenetic prototypes, producing amnesia as to the dynamic causes of their traumatic repression.

It is, I believe, on the one hand, the ' unsuccessful ' repression of both phases of the Œdipus complex which, broadly speaking, accounts for the difference between the neurotic personality and the healthy one.

' Successful ' repression, on the other hand, has been responsible for the resistances hitherto opposed to the elucidation of the deepest dynamic causes of both phases of repression, i.e. those profound truths which Freud [28] believed were still to be wrested from the unconscious.

This, I suggest, is because ontogenetic repression receives phylogenetic reinforcement (from unpredictable thousands of years' frustration, through death at the hand of the community in the first place, threats of death and castration later on—and finally starvation, various forms of torture, punishment, and the partial mutilation of the sexual organs).

[27] To be published under the title of *Further Contributions to the Theory of Human Evolution.*

[28] Freud, S. (Trans. 1933): *New Introductory Lectures on Psycho-Analysis*, p. 99.

The effect of these phylogenetic phases of epression (which took place over a far greater eriod of time than hitherto supposed) were, I onjecture, to bring about an *inherited tendency o react with amnesia and anosmia to both the ositive and negative visual and olfactory ropisms, which stimulate sexual excitation and ccasion its repression.*

In this evolution tropisms which were of a ositive and pleasurable nature before re-ression had taken place became negative and epulsive after it had taken place, a reversal hich is repeated in ontogenesis. This trans-ormation of instinct has played a paramount ôle in the production of idealism and æsthetics.

The excessive cruelties of the male puberty ites, we have conjectured, give rise through epression to increased unconscious sadistic natred of the initiates for the patriarchs; tribal custom, however, knows how to deal with this increased aggression, viz. by *diverting some of it on to women.* Among the Kikuyu of West Africa,[29] for instance, the initiated youths are permitted to seize old women in the forest, violate them and then murder them. The savage's own explanation for this custom is that ' they believe that the first coitus which the newly circumcised youths perform leads to their death or that of their partners ',[30] so they preserve themselves at the expense of the women. Such explanations, however, are rationalizations divorced from the hidden motives, though they usually contain some element of truth relating to earlier phases of repression.

I would suggest as an hypothesis only, based upon psycho-analytical theory, the following explanation for the custom.

Before the repression of incest the son's aggression is directed towards the father (primal crime). Through its displacement on to the mother as a consequence of the menstruation trauma, the mother becomes the castrating mother, the phallic mother, against whom castration and matricidal phantasies are then directed. These matricidal impulses are further heightened through homosexual jealousy. The above-cited custom, in permitting the sadistic incestuous wish and the matricidal impulses to find expression, diverts the aggressive component of the youth's ambivalence away from the cruel mutilating fathers (tribal elders) on to women. Among primitive peoples all women are taboo during menstruation, pregnancy and parturition (the fear of retaliation is felt as emanating from the tabooed object towards whom the forbidden impulse is directed). These three taboos maintain the repression of both streams of anti-social aggression in the male, i.e. heterosexual aggression directed towards the father, and homosexual aggression directed towards the mother and offspring.

Reik [31] quotes a number of exhortations given to youths after circumcision:

' You, my apprentice, are now circumcised. Your father and your mother—honour them. Do not go into the house unannounced, you might find them in tender embrace. You must have no fear before girls; sleep together; bathe together. When you are ready she is to massage you; when you are ready she is to greet you, *musukam*; then you reply, *marbaba.*

At the new moon take care, you might easily become sick. Avoid cohabitation during menstruation (you might die); menstruation is dangerous, it brings many illnesses.' (My italics—C. D. D.)

Reik then says:

' Let us consider this exhortation.'

And then, to our surprise, he makes no further reference whatever to the passages I have italicized.

This perhaps should not after all surprise us, for he was engaged in explaining the puberty rites in the light of the understanding arrived at by the psycho-analytical study of the neuroses —and psycho-analytic theory at that time did not admit that the menstruation complex or the repression of pleasure and excitation aroused by genital olfactory stimuli played an important part in the ætiology of the neuroses (a statement which can be verified by reference to all or any of the standard works on psycho-analysis up to 1940, excluding however the writings of the unorthodox psycho-analysts Groddeck and Stekel, both of whom attributed considerable importance to this subject).

Anthropology teaches us that woman at the time of her menstruation was supposed to be the property of God—moreover, in totemism, the great totemic being is said to have his residence

[29] Chazas, ' La Religion des Kikuyu,' *Anthropos*, **11**, 1911, p. 317, as quoted by Theodor Reik, *op. cit.*, p. 131.

[30] Once upon a time both offenders against the incest prohibitions were put to death by the remainder of the tribe. This is in keeping with Freud's teaching, that where there is an ' either-or ' in the conscious part of the mind, you normally find an ' and ' in the unconscious.

[31] *Op. cit.*, p. 129.

in menstrual blood: two factors of sufficient importance to have stimulated psycho-analytical interest in the reaction of patients to menstruous bleeding. The fact remains that the puberty rites and circumcision do promote the masculinity of the males, deflecting the energy of the individually repressed rivalry to outside enemies, and the incestuous impulses to non-incestuous objects.

Reik also states: 'Circumcision is "*supposed*" (my italics—C. D. D.) to increase the young man's capacity for procreation'; whilst I maintain that it *actually does so*, by counteracting his femininity.

IV

Summary

I would broadly summarize my view of the rôles performed by the puberty rites, in which circumcision is included, as follows. They:

I. Reinforce the repression of patricide, fratricide and incest.
II. Frustrate the narcissistic masturbatory practices which enable both sexes to cling to their incestuous phantasies.
III. Repress both heterosexual and homosexual rivalry.
IV. Promote fertility by counteracting the effects of the primary phylogenetic traumatic repression of incest, i.e. inversion.
V. Diminish, in the case of boys, the enhanced fear of and pathological fixation to the mother, i.e. the maternal authority which exists in the family circle, authority which, to some extent, has its origins in man's unconscious fear of woman, and reinstate patriarchal authority.

This divorce from the mother is achieved by the symbolic father playing the double rôle of the eating, castrating, and impregnating father on the one hand, and on the other of the mother from whom the youth is reborn; reborn, however, with the full status of a man in whom all feminine tendencies have been repressed. The youth's feminine identification with the mother is replaced by masculine identification with the father. (In the case of girls, clitoridectomy has the opposite effect.)

VI. Conscious permanent identification with the circumcised father and brothers of the tribe; continuity in posterity of submission to patriarchal authority and obedience to its will being ensured through the *blood covenant*.

Appendix

The rôle played by the blood convenant in psychic evolution, and its connection with the circumcision rites.

A comparative study of the puberty rites of savages and the various religious systems has led me to the conclusion that circumcision has led to an *hereditarily acquired disposition in males to deny the unconscious identification with the mother and to maintain at all costs the re-identification with the father*. This bond between the father and the son, and the brotherhood of man has been maintained through the blood covenant, which forms an integral part of the initiation ceremonies, and has been carried over into the ritual of so many religions —both those religions where ritual circumcision is practised and in those in which it has been rejected (Christianity etc.).

Amongst some primitive peoples and the Arabs, brothers of the covenant of blood are closer than brothers at a common breast.[32] This is so because the rivalry and enmity common to men (i.e. the aggressive component of their ambivalence) is repressed through the puberty rites and is replaced by a bond of spiritual homosexual submission. Among contemporary savages the male circumcision rite is one of enforced surrender to and consecration in a living union with the ancestral fathers and tribal elders. In religious ritual, he who enters the blood friendship at an adult age has to be prepared completely to surrender himself in spiritual bondage and trust to him with whom he covenants. He submits to the merging of his separate personality in the dual personality of which he becomes an integral part; this is effected by the sacrifice of his foreskin and the blood covenant. I do not think any psychoanalyst will doubt that this submission through religious conviction is unconsciously motivated

[32] In many parts of the world, since covenanting parties are considered of one blood, marriage between communities or tribes thus linked is considered incestuous. In others, where two friends are linked by a blood covenant, marriage with the sisters or daughters of either is taboo for the same reason. The wives of the covenanting parties, however, since they are of one blood, are common property.

through fear of the father, homosexual love, and the fear of retaliation for repressed castration and death wishes against the father.

The idea seems to be that the life of the one covenanting is surrendered to the one with whom he covenants. The blood covenant is the extremest and most sacred form of covenant; it is a union which is indissoluble, and thus is even more binding than most heterosexual marriage ceremonies and carries greater obligations and responsibility.

According to Trumbull,[33] God's covenant with Abraham was pre-eminently a covenant of friendship.

'I will make my covenant between me and thee and will *multiply thee exceedingly*,' said the Lord to Abraham (Gen. xvii, 2). And again, 'I will establish my covenant between me and thee and thy seed after thee throughout their generations for an everlasting covenant, to be a god unto thee; and to thy seed after thee . . . And as for thee, thou shalt keep my covenant, *thou and thy seed after thee throughout* their generations' (Gen. xvii, 7–9).

And then came the explanation, how Abraham was to enter into the covenant of blood-friendship with the Lord; so that he might be called 'the friend of God'.

'This is my covenant, which ye shall keep, between me and you, and thy seed after thee; every male among you shall be circumcised. And ye shall be circumcised in the flesh of your foreskin; and it shall be a token of a covenant betwixt me and you' (Gen. xvii, 10, 11).

The blood-covenant of friendship shall be consummated by your giving to me of your personal blood at the very source of paternity —'under your girdle'[34]; thereby pledging yourself to me, and pledging, also to me, those who shall come after you in the line of natural descent.

It should not be overlooked, however, that in the worship of the great maternal goddesses (Isis, Kali, etc.) the giving of blood was also a necessary precedent to intercommunion with the goddess.[35] The super-ego aspects of the great maternal goddesses were not fully appreciated by classical psycho-analysis, i.e. the rôle of the frustrating, forbidding and castrating mother. The sacred nature of blood has two primary origins: (1) the primal crime, the spilling of the blood of the Primal Father; (2) the woman (mother-sister) on whose account the crime was committed, and on to whom the original aggression towards the father was displaced through the menstruation trauma. In this connection the *exceptionally sacred nature of menstrual blood*, and the fact, unquestionably proved by anthropological research, that the menstruation taboo is the *most virulent of all the taboos*, should never be overlooked.

If we are objective and accept the basic principles of psycho-analytical theory, we should be ready to admit that the parallels of the menstruation, pregnancy and parturition taboos must find expression in ontogenesis in the Œdipus complex. The failure hitherto to investigate more fully the reactions (both positive and negative) to the sight and smell of all manifestations of bleeding can only be due to internal resistances belonging to unconscious aggression and fear that have not yet been overcome.

It is beyond the scope of this enquiry adequately to treat the important subject of the blood covenant and its connection with sacrifice, but in this connection Trumbull refers (Chapter II (2)) to the ancient belief in the vivifying power of blood both in legend and medical practice from time immemorial up to the present day.

According to Trumbull: 'The root-idea of

[33] Trumbull, *The Blood Covenant*, from which work the above and following quotations concerning the blood covenant and religious ritual in connection with circumcision are taken.

[34] A Guatemalan legend has its suggestion of that outreaching of man for the fire of heaven which is illustrated in the primitive and classic myths of all ages. The men of Guatemala were *without the heaven-born fire*, and they turned, in their longing, to the Quiche god, Tohil, seeking *it from him, on such terms as he might prescribe*. 'The condition finally named by the god was, that they consent to "unite themselves to me, under their armpit, and under their girdle, and that they embrace me, Tohil"; a condition not very clearly expressed, but which . . . was an agreement to worship the Quiche god, and sacrifice to him their *blood*, and, if required, their children. They accepted the condition, *and received the fire*.' (My italics—C. D. D.) Bancroft's *Native Races*, V, 547+, as quoted by Trumbull in *The Blood Covenant*, p. 174. This is in keeping with the circumcision rites among primitive peoples as quoted by Reik—by which restoration of heterosexual libido is to be obtained only through complete submission to patriarchal authority (C. D. D.)

[35] A 'red talisman,' or red amulet, stained with 'the blood of Isis' and containing a record of the covenant, was placed at the neck of the mummy as an assurance of the safety of his soul. 'When this book' (this amulet record) 'has been made,' says the ritual, 'it causes Isis to protect him' (the Osirian = the deceased, every mummy represents the Osirian). 'If this book' (this covenant token) 'is known,' says Horus, 'he' (the deceased) 'is in the service of Osiris. . . . His name is like that of the gods.' *Book of the Dead*, Chap. clvi; *Egypt's Place*, V, 315; *Trans. of Soc. of Brit. Arch.*, VIII, 2, 211. As quoted by Trumbull. *Op. cit.*, p. 81.

the rite of blood-friendship seems to include the belief that the blood is the life of a living being; not merely that blood is *essential* to life, but that, in a peculiar sense, it *is* life; that it actually vivifies by its presence; and that by its passing from one organism to another, it carries and imparts life. The inter-commingling of the blood of two organisms is, therefore, according to this view, equivalent to the inter-commingling of the lives, of the personalities, of the natures thus brought together, so that there is, thereby and thenceforward, one life in two bodies, a common life between the two friends.'

The ancient idea, that being washed in blood will give protection against wounds, springs from the 'unconscious' knowledge of the menstruation trauma which inhibits the aggressive component of the sexual instinct. Blood which (in the unconscious) causes *impotence* has the power to protect those who are washed in it against the aggression of enemies, *they are no longer vulnerable to weapons*. (True, it is not menstrual blood that they are washed in, but all blood in the unconscious is associated with oral destruction, aggression, and the fear of being killed, eaten and castrated by the Father.)

Blood is also held to be the source of inspiration, heroic courage, song and wisdom among many primitive peoples, and there are ritual customs where sacrifice and blood drinking are the means of ensuring success, victory over enemies, or a prolific harvest. It is to be assumed that before the repression of the oral destructive and libidinal components of the sexual instinct our pre-human ancestors thirsted for the blood of their rivals and were stimulated to aggressive action by the sight and smell of blood.

It is well known to psycho-analysts that the repression of sadistic impulses is one of the principal sources of guilt. The aggressive impulses are felt as a sin against God, the divine author of life; for people of the blood covenant the crime of murder is heinous because it is a breach of this most sacred covenant. The taking of life in the community is the prerogative of God (or Goddess), or the ruler who is their instrument.

This guilt, which has its unconscious sources in the patricidal and matricidal impulses, is no doubt responsible for the belief held up to comparatively recent times in England and the U.S.A., and still held by many primitive people, that the wounds of a murdered man will bleed miraculously at the touch of the murderer: it being supposed that God, from whose divine source the life-blood flows, thus accuses the erring son on earth. In many of the legends illustrating this belief, it is the wounds of a father that bleed afresh at the touch or presence of a son.

The sacrifice of the blood of a first-born to God was a defensive atonement for the repressed patricidal impulse. It was even supposed in India that the Gods themselves had once been mortal, and had suffered from a continual dread of death, but that they had obtained immortality through continual sacrifices.

In the early forms of most religions, the consumption of blood (except in religious ritual, including marriage) [36] is expressly forbidden, the eating of blood being the prerogative of the gods—as also was eating the heart; both were used in sacrificial offerings to the gods and goddesses. (Many primitive peoples drink the blood and eat the hearts of brave enemies so as to acquire their courage.) The original motive for this prohibition was, it is highly probable, to maintain in repression the aggressive oral destructive and incestuous impulses which are excited by the sight, smell and taste of blood, though the rationalized reasons usually given are: (1) religious—the blood and heart are sacred to the author of life; (2) hygienic.

'For as to the life of flesh, the blood thereof is all one with the life thereof; therefore I said unto the children of Israel, Ye shall eat the blood of no manner of flesh: for the life of all flesh is the blood thereof: whosoever eateth it shall be cut off' (Lev. xvii, 14. See also Lev. vii, 26 and Lev. xvii, 10–12).

[36] In South Australia, the rite of circumcision is one of the steps by which a lad enters into the sphere of manhood. This involves his covenanting with his new godfather, and his new fellows in the sphere of his entering. In this ceremony, the very ring of the flesh itself is placed 'on the third finger of the boy's left hand'. (Angus's *Sav. Life*, I, 99.) 'What clearer indication,' Trumbull remarks, 'than this is needed, that the finger-ring is a vestige of the primitive blood-covenant' (i.e. of circumcision) 'token?' (*op. cit.*, p. 331). Or, I would add, that the 'foreskin' is the symbolic equivalent of the vagina.

The first patient mentioned by Nunberg thought that the doctor who had circumcised him had kept the foreskin for himself and that from then on he was married to this man. Nunberg concluded that the patient felt homosexually tied to his father and that he hoped by undoing his circumcision to free himself from his homosexual ties and become heterosexual once more.

In the Hebrew religion, he who has atoned for his original blood guilt towards the father (Freud's primal crime) by a personal sacrifice of his life's blood, is absolved from divine punishment. According to the Rabbis no man was perfect unless he was circumcised—circumcision was a protection against the punishments of Hell. Abraham was said to sit at the gate of Hell and suffer no one to enter in who was circumcised.[37]

Moses was unfaithful to the covenant in that he neglected to have his firstborn circumcised, in consequence of which it is said he was met by a startling providence and came face to face with death: ' The Lord met him, and sought to kill him ' (Exod. iv, 20–26). The blood covenant was not only for themselves, but for posterity. Hence God's wrath with Moses. The suggested explanation of God's wrath with Moses is that *without the holy discipline inherent in circumcision men might repeat the primal crime, or revert to identification with the mother and submission to matriarchal authority.* By submission to patriarchal authority, the heterosexual libido was released *under the bond*[38] *inherent in the circumcision and blood covenant.* Eros was reinstated and man regained the right to reproduce provided he adhered to the rules which maintained the repression of both heterosexual rivalry and homosexual jealousy within the tribe. *Through the blood bond, thenceforth, their aggressive fighting instincts might be employed only towards outside enemies.* At the call of the Patriarch, however, all those of the blood covenant must be prepared to sacrifice their lives.

There is apparently a trace of the blood-covenanting and tree-planting rite of primitive times in the blood-stained ' Fiery Cross ' of the Scottish Highlands, with its correspondent Arabian symbol of tribal covenant-duties in the hour of battle. Von Wrede (*They're in Hadhramaut*, p. 197), describing his travels in the south-eastern part of Arabia, tells of the use of this symbol as he saw it employed as a preliminary to tribal warfare. A war council had decided on conflict. Then, ' the fire which had burned in the midst of the circle was newly kindled with a great heap of wood, and the up-leaping flames were greeted with wild rejoicing. The green branch of a nubk tree was then brought, also a sheep, whose feet were at once tied by the oldest shaykh. After these preparations, the latter seized the branch, spoke a prayer over it and committed it to the flames. As soon as every trace of green had disappeared, he snatched it from the fire, again said a short prayer over it, and cut with his *gembeeyeh* (short sword) the throat of the sheep, with whose blood the yet burning branch was quenched. He then tore a number of little twigs from the burnt branch, and gave them to as many Bed'ween, who hastened off with them in many directions. The black bloody branch was then planted in the earth. . . . The little twigs, which the shaykh cut off and gave to the Bed'ween, serve as alarm signals, with which the messengers hasten from valley to valley, calling the sons of the tribe to the impending war (by this blood-stained symbol of the sacred covenant which binds them in brotherhood.) None dare remain behind, without loss of honour, when the chosen (Covenant) sign appears at his encampment, and the voice of its bearer calls to war.'

' How strikingly this parallels the use and the symbolism of the Fiery Cross, in the Scottish Highlands, as portrayed in " The Lady of the Lake." '

Sir Roderick Dhu would summon Clan Alpine against the King.

> ' A heap of withered boughs was piled,
> Of juniper and rowan wild,
> Mingled with shivers from the oak,
> Rent by the lightning's recent stroke.
> Brian the Hermit by it stood,
> Bare footed, in his frock and hood . . .
>
> ' 'Twas all prepared;—and from the rock
> A goat, the patriarch of the flock,
> Before the kindling fire was laid,
> And pierced by Roderick's ready blade.
> Patient the sickening victim eyed
> The life-blood ebb in crimson tide
> Down his clogged beard and shaggy limb,
> Till darkness glazed his eyeballs dim.
> The grisly priest, with murmuring prayer,
> A slender crosslet framed with care,
> A cubit's length in measure due;
> The shaft and limbs were rods of yew,
> Whose parents in the Inch-Cailliach wave
> Their shadows o'er Clan Alpine's grave.'

' Lifting up this fragment of the tree from the

---

[37] Trumbull, *op. cit.*, p. 221, Note.

[38] ' That common primitive idea of the binding bond of a sacred covenant which shows itself in the blood friendship record of Syria, in the red covenant-cord of China and India, in the divine-human covenant of ancient Egypt, in the red-feather cult of divine-royal union, in the Pacific Islands, in the wampum belt of America, and in the evolved wedding-covenant ring, or amulet, of a large proportion of the civilized world.' Trumbull, *op. cit.*, p. 229.

grave of the patriarch of the Clan, the old priest sounded anathemas against those who should be untrue to their covenant obligations as clansmen, when they recognized this symbol of their common brotherhood.'

> ' Burst with loud roar their answer hoarse,
> " Woe to the traitor, woe! "
> Ben'an's gray scalps the accents knew,
> The joyous wolf from covert drew,
> The exulting eagle screamed afar,—
> They knew the voice of Alpine's war.
>
> ' ' The shout was hushed on lake and fell,
> The monk resumed his muttered spell:
> Dismal and low its accents came,
> The while he scathed the cross with flame . . .
> The crosslet's points of sparkling wood
> He quenched among the bubbling blood,
> And, as again the sign he reared,
> Hollow and hoarse his voice was heard:
>
> ' " When flits this cross from man to man,
> Vich-Alpine's summons to his clan,
> Burst be the ear that fails to heed!
> Palsied the foot that shuns to speed! . . ."
> Then Roderick with impatient look
> From Brian's hand the symbol took:
> " Speed, Malise, speed! " he said, and gave
> The crosslet to his henchman brave.
> " The muster-place be Lanrick mead—
> Instant the time—Speed, Malise, speed! " '
>
> (Canto III. Sir Walter Scott's Lady of the Lake.)

' "At the sight of the Fiery Cross,' says Scott, ' every man, from sixteen years old to sixty, capable of bearing arms, was obliged instantly to repair, in his best arms and accoutrements, to the place of rendezvous." ' Trumbull, *op. cit.*, pp. 317–20.

Blood covenanting would appear to me to be a kind of inverted form of cannibalistic aggression; by it enmity is converted into friendship. The faintest breach of this sacred pledge would, it has been long believed, bring down upon the guilty person the inconceivable wrath of the gods and certain destruction. The original object of the covenant was to convert sexual rivalry, greed and aggression into love, friendship and co-operation, thus ensuring tribal unity.

It derives probably from the Totem feast,[39] and was carried over into the puberty rites, later becoming the primary ritual of the various religious systems, through which human worshippers were believed to obtain soul unity with their divinities.

In 1887 Trumbull concluded that the rite of the blood covenant was strangely undervalued; *I would suggest that the importance of the rôle which it has played in psychic evolution is still undervalued in* 1950.

In this connection Trumbull wrote in the preface to his book:

' The chief facts of this entire subject have been so generally overlooked . . . this only furnishes another illustration of the inevitably cramping influence of a preconceived fixed theory—to which all the ascertained facts must be conformed, in any attempt at thorough and impartial scientific investigation. It would seem to be because of such cramping, that no one of the modern students of myth and folk-lore, of primitive ideas and customs, and of man's origin and history, has brought into their true prominence, if indeed he has even noticed them in passing, the universal dominating primitive convictions; that blood transfer is soul transfer; that blood sharing, human or divine-human, secures an interunion of natures; and that a union of the human nature with the divine is the highest ultimate attainment reached out after by the most primitive, as well as the most enlightened, mind of humanity.'

(Received July 29, 1949.)

[39] Freud, S.: *Totem and Taboo.* London: Kegan Paul, p. 229.

THE PSYCHOLOGY OF FEMININE GENITAL BLEEDING

AN ANALYSIS OF MOHAVE INDIAN PUBERTY AND MENSTRUAL RITES [1]

By GEORGE DEVEREUX, Ph.D., TOPEKA

INTRODUCTION

Probably no phase of the life-cycle has been so carefully studied from the viewpoint of ritual, and of social reactions to the individual, or so completely neglected from the subjective point of view, as female puberty and the problem of menstruation. In fairness to anthropological field-workers it is necessary to add, however, that many, though not all, of these gaps in our knowledge are due not so much to a lack of rapport between informant and field-worker, as to the primitive women's own inhibitions. Even the notoriously outspoken and uninhibited Mohave are no exception to this rule, since they repeatedly stated that discussions about the reproductive process proper—as distinct from sexual relations of all kinds (22)—were distasteful to them.

It was found, however, that by combining subjective data with ritual information, it was possible to undertake a fairly detailed analysis of the psychological components of female puberty and menstruation in Mohave society, which may, perhaps, increase our somewhat scanty knowledge of the subjective meaning of this physiological process.

The central theme and overall frame of reference of the interpretations about to be offered will not be merely the menstrual cycle, but female genital bleeding in general. It is hoped that by approaching the subject in this manner, our interpretations may yield new insights into the entire problem of castration anxiety in the female.

Indeed, since in menstruation there is no real piercing of, or aggression against, the female genitals, its analysis is more likely to reveal phantasies of aggression, which, as psychoanalysis has shown, play a far more decisive role in the causation of female castration anxiety than do ' genuine ' acts of ' violence,' such as defloration or childbirth.

Somewhat anticipating the course of my argument, I think it probable that the adult survival of infantile sadistic theories of intercourse may be partly due to the existence of *induced* genital bleedings during defloration and childbirth, and—what may perhaps be even more significant psychologically—also to the occurrence of spontaneous bleeding in menstruating women. Whether or not such induced and spontaneous bleedings are the *actual source* of sadistic theories of intercourse, instead of being merely a cause of their *persistence* in the face of sexual enlightenment, probably cannot be decided on the basis of anthropological evidence alone.

In view of the complexity of the topic it was deemed advisable to separate anthropological data from psycho-analytic interpretations. The present study will therefore be divided into two parts. The first part will consist of a detailed presentation of Mohave puberty rites and menstrual observances, while the second part will be devoted to an analysis of the meaning of female genital bleeding in Mohave Indian society.

A few words may also be said at this juncture in explanation of the decision to present all minutiæ of the available anthropological data in a manner which may strike some as an unnecessary labouring of the niceties in a study which is primarily psycho-analytic in scope. This mode of presentation was decided upon mainly because the interpretative section of this study offers certain conclusions which, while fully compatible with psycho-analytic theory, are none the less sufficiently novel to deserve an exhaustive documentation, in order to establish their validity beyond reasonable doubt.

PART I

THE DATA

I. PHYSIOLOGY AND PSYCHOLOGY

(1) *Physiological Beliefs:*

Since the sole published belief concerning the physiology of menstruation is Bourke's casual

[1] From the Musée de l'Homme, Paris.

remark that after puberty a girl will grow rapidly for five months, and then stop growing altogether (3), it seems desirable to describe the beliefs of the Mohave concerning the physiology of menstruation in some detail.

(*a*) *Origin.* According to the Mohave creation myth, menstruation, as well as the rites and observances pertaining thereto, were originated and instituted by the dying God Matavilye, during the period of Creation.

(*b*) *Onset of Menses.* The Mohave have no explanation for the onset of puberty, except to say that the girl is ready for it. The average girl begins to menstruate at the age of twelve or thirteen. In fact, at least one girl is known to have borne a child at the age of twelve (15). It is also quite probable that in late aboriginal times, and during the early reservation days, few girls were virgins by the time they reached puberty (22). The onset of the menses therefore neither startled nor disgusted the girls, ' since they knew all about it already '. They took cognizance of the onset of their menses in a matter-of-fact manner, and promptly relayed this information to their mothers, who then took the necessary dispositions for the puberty rites. This information closely tallies with that obtained by Wallace (57), who states that menstruation does not come as a surprise to the Mohave girl, because ' her mother warns her that it is coming ', and tells her ' not to be frightened, because all women have it '.

(*c*) *Duration of the Menses.* ' Women who enjoy good health usually menstruate for four days.' This estimate must not be taken as a mathematical average, but rather as a ' ritual round number ', since, according to the Mohave, ritual matters ' go by fours '. This is confirmed by the following statement: ' We know some women who menstruate for five days. Women who menstruate for half a day only are extremely rare, and we know of no woman who does not menstruate at all.'

(*d*) *Frequency.* Women who are in good health menstruate every new moon.

(*e*) *Cessation of Menses during Pregnancy.* The pregnant woman misses ten menstrual periods (15).

(*f*) *Return of the Menses after Childbirth.* ' Women whose menses reappear shortly after delivery will have many children ' (16).

(*g*) *Menopause.* ' We do not know why women have a menopause. The strict observance of menstrual taboos, and sexual moderation postpone the onset of the menopause until old age.'

(*h*) *Quantity.* A scanty flow is indicative of impending illness, since the accumulation of ' bad blood ' within the womb is believed to be either a cause, or else a symptom, of *weylak nyevedhi* (anus-pain ghostly), especially in the form of ' pseudo-cyesis ' (i.e. probably, of a fibroid tumour of the uterus). Menstrual blood is thought to be limited in quantity. This is shown by the fact, according to my informants, that ' women, who do not hæmorrhage profusely at childbirth, will menstruate much sooner than those who lose a lot of blood at the time of delivery ' (16).

(*i*) *Nature of Menses.* The menses are caused by the expulsion of ' bad blood '. ' Some women who are ill do not lose much blood. This is likely to kill them.' ' Even women who have a normal flow may have defective blood. Such women are barren, because something is lacking in their menstrual blood ' (15).

It is not easy to decide precisely why the Mohave should think of menstrual blood as ' bad ' blood. One reason may be the ' empirical ' observation that women who have menstrual cramps, and other disturbances of the monthly flow, tend to be somewhat sickly. Another reason may be the need to put a favourable and reassuring interpretation on a process likely to arouse castration anxiety. The hypothesis that the concept of ' bad blood ' may have been borrowed from Western civilization is, on the other hand, entirely inacceptable, partly because ideas about bad blood play an important role in many Mohave medical theories, and partly because not even highly acculturated Mohave women speak of their menses as ' the curse '.

The statement, ' we do not know where the menstrual blood comes from ' is even more difficult to explain, since the Mohave repeatedly connected menstrual blood with the womb. The most probable explanation of this pretended nescience, which obviously identifies menstrual blood with the rest of the blood in the body, is that it constitutes an adult denial of the infantile fantasy that the maternal body is filled with blood, babies and fæces. Another cause of this idea may be the Mohave Indian's well-known loathing for menstrual blood. This inference is supported by the frequently heard statement that ' menstruating women are surrounded by an unpleasant odour of blood ' called *namasuk* (from ' *masu : k*,' odour or stench).

(2) *Attitudes toward Menstruation:*

(*a*) *Subjective Attitudes.* The Mohave girl was rather glad when her body reached maturity. Menstruation neither frightened nor surprised her since, as Wallace puts it (57), 'her mother warns her that it is coming', and tells her 'not to be frightened because all women have it'. My own informants confirmed this impression. In fact, they even specified that it was not necessary to 'warn' girls about it, since they already 'knew all about puberty', because they had the opportunity to observe that all women menstruated. The idea that girls could be frightened by their menses was not mentioned by any of my own informants. It is also proper to emphasize in this context that I never heard even sophisticated and considerably Americanized women refer to the menses as 'the curse', although this term is currently quite popular among American women of all classes. The fact that, despite this positive attitude towards puberty, some Mohave women suffered from menstrual cramps [2] suggests that the very genuine psychological factors in dysmenorrhœa are often conceived in somewhat naive terms by those who think in terms of correspondence-course psychodynamics and psycho-semantics.

(*b*) *Social Attitudes.* The Mohave do not like to discuss matters pertaining to menstruation, since this process is intimately connected with reproductive functions, i.e. with the 'serious' (22) side of sexuality. In addition, like many other warlike tribes, the Mohave dislike the odour of blood in general, and of menstrual blood in particular. For this reason it is especially significant to note that men engaged in *aggressive* pursuits, such as warriors and hunters (49, 50), were especially prone to avoid contact with menstruating women. The latter, in turn, made an attempt to avoid meeting people on the rare occasions on which they left their home. Yet, on the whole, one cannot but agree with Wallace's remark (57) that the belief in the malignancy of menstruating women was a somewhat desultory one, and that the Mohave displayed no *overt* and *conspicuous* anxiety in their presence. In fact, some men considered cohabitation with menstruating women as a kind of practical joke, and publicly displayed their blood-stained penises to their friends, in proof of their statement that they had cohabited with a woman during her monthly period (22).

The psychological need to treat such acts as 'practical jokes' is, of course, indicative of a certain amount of anxiety. On the other hand, it also proves that the Mohave have developed fairly adequate defences against this anxiety, and have succeeded in 'binding' it by turning it into a practical joke, which, as stated elsewhere (22), is the Mohave Indian's traditional defence against anxieties connected with sexuality in general, and with castration fantasies in particular (19).

Summing up, it may be said that whereas serious discussions of the menstrual cycle elicit some anxiety, rooted in the fear of blood and in the belief that menstruating women have malignant powers, this anxiety is usually adequately mastered both by means of menstrual rites and by means of sexual 'humour', and does not, therefore, lead to obvious and overt anxiety-reactions.

The general problem of anxiety and of avoidance patterns connected with menstruation will be discussed in the interpretative section of this study.

II. Puberty Rites.

(A) *General Considerations:*

(1) *General Character of Puberty Rites.*

Mohave puberty rites were preponderantly prophylactic rather than esoteric in character. They did not approximate to the complexity of Yuma Indian (30) puberty rites, a complexity which may be due to the influence of the elaborate observances of the neighbouring Shoshonean 'Mission' Indians. Since the distribution and structure of puberty rites in Western America has been studied rather carefully (26), the present account will be restricted to a discussion of Mohave data.

The boy's puberty ceremony may, according to the Durkheim-Mauss terminology, be defined as a public private ceremony, i.e. as a private ceremony held in public (21). The girls' puberty ceremony, on the other hand, was a wholly private ceremony. On this point there is complete agreement between Kroeber's (40), Wallace's (57), and my own data. The private character of this ceremony may be due to two discrete factors.

(*a*) Menstruation is closely connected with reproduction proper, and is therefore a matter

[2] This is proved by the fact that a certain phase of the ritual was designed to prevent cramps.

which the Mohave do not like to bring out into the open.

(*b*) In a small tribe two or more girls seldom if ever reach puberty at the same time. This, of course, precludes the possibility of holding a public group ritual.

Nothing said above implies, however, that puberty rituals involved any secrecy, since not even pre-adolescent girls were prohibited from visiting the homes of girls undergoing puberty rites. In simplest terms, the ritual was a private one, because, with regard to menstruation, privacy was more in accordance with the tribal ethos than public rituals would have been.

(2) *Purpose of Puberty Rites.* Mohave puberty and menstrual rites were essentially prophylactic in character. Their purpose was to ensure good health, a beautiful and healthy body, a long period of fertility, and a late menopause. The last two objectives were especially important ones, since barren women were not merely ridiculed—' thou art barren ' being a traditional insult between women (24)—but also frequently divorced.

Since health, fertility and beauty were important goals in Mohave society, all girls—save only the most sickly ones—submitted to these rather cumbersome rites. Yet these observances were just unpleasant enough to cause some sickly girls to welcome the opportunity of escaping the necessity of submitting to the entire puberty ritual. In brief, physical illness of any kind at the time of puberty involved distinct secondary gains.

(3) *Attitude toward Menstrual Rites.* Mohave puberty rites were rather elaborate and cumbersome, and, in a word, something of a nuisance. Hence even Tcatc, a staunch champion of the aboriginal way of life, and one of those who most frequently attributed the alleged ' infertility and early menopause ' of the present generation of women to their failure to submit to the puberty ritual, declared that ' When, after my first puberty ritual, I became ill, I was glad that I was spared the rest of the four elaborate rites.' Thus, it is safe to say that whereas Mohave girls were happy over their budding *womanhood*, they accepted the *puberty rites* simply as a necessary evil. Yet, since none of them refused outright to submit to this ritual, it is quite probable that in aboriginal times all girls, except only those who were acutely ill, submitted to the entire puberty ritual. It is therefore probable that the obsoleteness of these rites is due not to the fact that they were a nuisance, but to a recent historical shift of emphasis in the Mohave Indian's attitude towards sexuality, the earlier preoccupation with reproduction proper being gradually replaced by a hedonistic and humouristic interest in cohabitation pure and simple (20, 22).

(4) *Comparative Data.* In seeking to supplement my own data with those obtained by Kroeber (40) and by two of his students (27, 57), I was confronted with an unexpected difficulty of a very special nature. Although, as a rule, Kroeber's Mohave data are excellent, in this particular instance he naively accepted a native statement which simply does not make sense, thus starting a chaos which was, in part, perpetuated by his followers. I refer to the fact that according to Kroeber (40) the first puberty rite lasted *forty days!* When I brought this singular statement to the attention of my own informants, they replied rather ironically that Mohave girls menstruated once every lunar month, and that therefore a girl's second menses would have begun long before a forty-day rite could have been completed. This time-factor therefore vitiates practically every one of Kroeber's statements pertaining to the *duration* of various observances, and made it necessary to cite at every step Kroeber's (40), Drucker's (27), McNichols' (44), and Wallace's (57) divergent statements regarding the time element. This cumbersome mode of presentation was, however, unavoidable, if all published data were to be given due consideration in the following discussion of Mohave puberty rites.

(5) *The Duration of Puberty and Menstrual Observances* is a somewhat obscure matter. Kroeber (40) and apparently also Drucker (27), state that the rites performed on the occasion of the first menses lasted forty days (*sic*). This statement was also ' confirmed ' by McNichols (44). Kroeber and Drucker also state that the rites on the occasion of the second menses also lasted forty days, while those marking the third, fourth, fifth and sixth menses lasted ten, eight, six and four days respectively. Subsequent observances were said to last four days only. Wallace's informants (57), as well as my own, stressed, however, that *all* observances lasted only four days, those of Wallace even specifying that the girl lay on a bed of hot sand *either* for four days, *or* as long as her flow lasted. When I apprised my informants of Kroeber's statement that each of the first two menstrual rites lasted forty days, every one of

them replied that that was impossible, since the girl's second menses would occur before the first forty days had elapsed. Wallace (57) stated that the complete rite was performed three times in succession in a complete form. This statement appears to be supported also by Drucker's rather unclear and vague remarks. My own impression is that the complete four-day ritual was performed four times, making a total of about ninety days of intense *preoccupation* with the pubescent girl, the ritual being thereafter reduced to a simplified observance lasting four days only, no further attention being paid to the girl during the periods *between* her successive menses.

(B) *The Ritual.*

(1) *Dancing and Singing.* Bourke (3), Kroeber (40), Drucker (27), McNichols (44), Wallace (57), and my own informants are in complete agreement that puberty rites did not include dancing. Kroeber's admittedly speculative inference that the girl *might* have been sung for (40) was not supported by the findings of other field-workers. In fact, my informants specifically denied both singing and the making of speeches, as well as any other form of public verbal rites.

(2) *Confinement.* According to Drucker (27) the girl was formally confined to her home for four days, while according to Wallace (57), she was merely ' left alone ' for the better part of four days, although her mother and her grandmother occasionally came in to tell her that she was no longer a mere girl, but a ' young lady ', and to advise her ' what a woman should do and should not do '. My own informants did not mention the confining of the girl to her home.

(3) *The Hot Sand Pit.* The Mohave seemed to have had neither menstrual huts, nor anything comparable to the complex confinement ritual of the Yuma, whose elaborate ' roasting pits ' were described even by the early Spanish travellers (30). Since the Yuma were in closer contact with the Shoshonean ' Mission ' Indians, who practise an elaborate ' roasting ' of the menstruating girl, the complexities of Yuma observances may have been derived from the latter.

(*a*) *Construction of the Pit.* The girl who reached puberty was buried in hot sand, according to Bourke (3) ' up to her armpits ', according to Kroeber (40) ' up to her chin ', in hot sand taken from a nearby fire, while, according to Wallace (57), ' a pit (is) scooped out of the sand to a depth of six inches or a foot in one corner of the house. The pit is warmed by building a fire in it and scraping out the embers. Warm sand is heaped up around the girl and blankets are placed over her.' Drucker did not describe the construction of the pit. My own informants stated that the bed of hot ' ashes ' simply resembled the heated ' beds ' constructed by the Mohave when they are forced to sleep out of doors in cold weather: ' A pile of hot ashes was mixed with cool dirt, until its temperature was reduced to a point where it was possible for the girl to lie down on it without undue discomfort. This bed was usually located on top of an extinguished fireplace, usually within the house.' If Kroeber's and Drucker's data are correct, these pits differed from those in which the neonate was placed only in that, unlike the neonate, the girl was not first wrapped in a huge tuft of shredded willow-bark or arrow-weed (17). According to Wallace (57), however, the girl was both wrapped in blankets and buried in hot sand. If this information is correct—as it probably is—the blankets may be thought of as the equivalent of the tuft of soft bark in which the neonate was wrapped. According to my informants the pubescent girl's bed resembled that of the *mother* of the neonate, rather than that of the newborn child. This last distinction is a somewhat academic one, since the newborn and its mother more or less occupied the same bed (17), thus further underscoring the unconscious tendency to equate the neonate with its mother (23).

(*b*) *Position in the Pit.* According to Wallace (57) the girl had to lie on her stomach, because ' if she lies on one side her breast on that side will be longer ',[3] or, if she lies on her back ' she will have aches in her back when she has her first baby '. My own informants disagreed about the position which the girl had to assume: ' A menstruating girl had to lie on her back, with her legs stretched out, in order to develop her calves, and give them a " good " shape.' ' A woman had to lie on her back, with her calves bent under her, lest the ghosts (*nyevedhi:*) should devour her calves.' [4]

[3] Concern over the inequality of the labia and of the testes is manifest in several pregnancy observances (15)

[4] Since this position may seem to be an almost ' impossible ' one, it may not be unnecessary to attest that when I expressed some doubt about it, two girls promptly demonstrated to me that the position could be held without undue discomfort, for an appreciable length of time.

Mrs. Tcatc remarked, however, that this position could not be held for a long time, and, on another occasion, even stated that 'the girls usually lay on their stomachs'.

Whereas there is considerable uncertainty regarding the *actual* position of the girl, all authorities agree on the *purpose* for which these ritual positions were assumed. According to Bourke (3) the 'roasting' strengthened the 'muscles' of the arms, legs and 'breasts'. My own informants stated that this position strengthened the girl's calves, moulding them into a pleasing shape, and protected them against the bite of ghosts. It also provided her with strong and shapely arms, enabling her to become a good worker, and prevented the 'swelling of the joints with rheumatism'.[5]

(*c*) *Occupancy of the Pit.* According to Kroeber (40), Drucker (27), and Wallace (57) the girl spent four consecutive nights in the hot pit. Some of my own informants stated that the girl was forbidden to leave the hot pit for the better part of four consecutive nights and days. Hivsu: Tupo:ma, on the other hand, declared that the girl did not spend more than 'about an hour a day' on the 'bed of hot ashes', i.e. 'just long enough to let the ashes cool off', while Mrs. Tcatc, who had personally gone through the puberty ritual, declared that 'the girls were lying on their stomachs on the bed of hot ashes only from morning until noon, and were free to leave it even before it had cooled'. These specific statements contrast with Wallace's (57) general remark that the girls were not permitted to leave their beds except to void their urine and fæces. It is also obvious, of course, that the girls had to leave their pits for other reasons as well, e.g. for the purpose of re-heating the bed.[6]

(4) *Care of the Body.*

(*a*) '*Massage.*' Drucker (27) reports that one or more women stepped on the pubescent girl's back, in order to make her strong. According to my own informants 'on the occasion of the girl's first menses, and sometimes also of her second menses, the girl's mother, or one of her grandmothers, stepped on her back to make her grow straight.' The significant fact that Mohave women use a similar technique in their attempts to procure an abortion (13), and the fact that mothers massage the limbs of their newborn children to make them grow strong and straight (17), further increases the plausibility of the inference that menstruation and childbirth are closely interrelated in the unconscious of the Mohave Indians.[7] The practice of tossing up the pubescent girl, which is rather common in neighbouring areas, was uniformly denied, one informant stating that 'the girl is too heavy for that'. This remark suggests that the pubescent girl is usually well developed physically.

(*b*) *Paint.* Menstruating girls were forbidden to paint themselves, since paint was believed to cause liver-spots when used during this critical period of life. Wallace (57) also stated that paint left marks on the skin of the menstruating girl. Pregnant and parturating women, as well as neonates, were also forbidden to use paint (15, 16, 51).

(*c*) *Scratching Stick.* The use of the scratching-stick is mentioned both by Drucker (27) and by Wallace (57). The latter states that if a girl touched her face with her hands, this contact left black marks on her skin. For this reason the girl used a scratching stick made of shredded arrow-weed, or of a mesquite twig. If she wished to wipe her face, she used a piece of soft willow-bark. According to my informants, the use of the scratching stick both during the puberty ritual and in connection with birth-rites (17) was ordained by the god Matavilye. Most menstruating women used sticks made of arrow-weed branches, while other women used tufts of shredded bark tied to a stick, and wiped their faces with this tuft, or else with rags made of shredded bark. If the menstruating woman scratched her face, or even touched it with her hands, this contact left white marks (dermatography?) or liver-spots on her skin, and 'made their hair stand up like that of South Sea Islanders' (*sic*). If, on the other hand, she used a scratching stick, her hair 'would hang down straight'. Wallace also stated that if she touched her hair, it will get snarled and remain that way for ever (57).

(*d*) *Tattoo-Marks.* McNichols is alone in reporting the presence of *fresh* tattoo marks on the face of a pubescent girl (44). Whether or not this information is correct is open to debate.

---

[5] 'Rheumatism' or arthritis, due to venereal disease, is known to occur among the Mohave.

[6] There is no evidence to suggest that a second pit was heated while the girl occupied an already heated one. The small size of Mohave huts would, at any rate, have precluded the possibility of building two pits.

[7] Only a relatively inadequate informant denied the practice of stepping on a pubescent girl's back.

(*e*) *Clothing and Menstrual Belt.* According to my informants the menstruating girl wore no special or distinctive clothing. According to Wallace (57), however, she 'wears a specially prepared willow bark skirt designed to absorb most of the catamenial discharges, the remainder being taken up or wiped off with straw or bark upon which she sits. She does not wear a special menstrual belt.' This information does not tally with that provided by my informants, who stated that in aboriginal times Mohave women had no menstrual belts or sanitary napkins, and permitted the menstrual blood to drip down their legs. At present the school authorities provide schoolgirls with Kotex pads, while adult women either purchase such pads for themselves, or else manufacture similar devices for their own use. Even to-day all girls are carefully instructed not to burn their used Kotex pads or improvised napkins, or any other object soiled with menstrual blood, since it would cause their blood to 'dry up', thus preventing conception in later life. Mrs. Tcatc disagreed with this opinion, however, and stated that even though blood-stained sanitary pads were not burned as a rule, they *could* be burned without any dire consequences. Be that as it may, no woman is known to have burned either her own or another person's sanitary pad, or other article soiled with the catamenial flow, either through carelessness, or for the purpose of inducing sterility.

(5) *Care of the Hair.*

(*a*) *Combing.* McNichols states that the pubescent girl's hair seemed unkempt and slovenly during the first 'forty' days following the onset of her menses (44). According to Wallace (57), however, the pubescent girl's hair was combed every morning by her mother. This statement is infinitely more probable than that of McNichols, since the Mohave are known to take great pride in, and lavish considerable care upon, their fine dark hair. It is quite evident that interest in the care of the hair does not subside during the puberty ritual, witness the ritual delousing of the girl's hair, and the application of a mud shampoo at the end of the ritual period.

(*b*) *Delousing* has been reported by Kroeber (40), Drucker (27) and Wallace (57). The pubescent girl's hair is deloused by her mother, 'so that she would have a clean head the rest of her life'. The lice were then placed in a pot (*olla*), which was thrown into the Colorado River. My own informants gave a somewhat more detailed version of this practice: 'It is important that the pubescent girl should have no head-lice, lest her hair should stand up in all directions, which would be an awful sight! The girl therefore took two head-lice and two body-lice and put them into a little pot, which she then sealed and put in some convenient place. On the fifth day of her puberty, when she took her ritual bath in the river, she took the pot with her, and threw it into the water. The girls deloused themselves without any outside help.' Since it is somewhat difficult to see how the girl could catch her own head-lice, it must be presumed that the information obtained by Kroeber (40), Drucker (27) and Wallace (57) is more correct than that which I obtained on this point. According to my notes, my informants also asserted that this procedure was repeated on the occasion of the *four subsequent* menstruations. (This may be a case of mis-recording, since, in Mohave ritual practice, things usually 'go by fours'.) The fact that the lice were thrown into the river—as were the cradles of dead infants and objects soiled with menstrual blood—is of some interest, since these last-named objects were thrown in the water in order to prevent sterility. It is possible that the throwing of lice into the life-giving river was also essentially a highly attenuated fertility ritual, since it is well known that the unconscious tends to equate children with vermin and, especially, with lice.

(*c*) *Mud-Shampoo.* At the end of the puberty ritual the girl's hair is cleaned by applying to it a so-called 'mud-shampoo', i.e. a mud pack left in place for some time (51). This ritual shampoo, mentioned only by my informants and by those of Drucker (27), is applied to the hair both at the end of the puberty ritual, and after each subsequent menstruation as well.

(6) *Drink and Food Taboos.*

(*a*) *Beverage Taboos.* My informants, as well as those of Kroeber (40), Drucker (27), McNichols (44) and Wallace (57), stated that the menstruating girl drank only warm water. This taboo lasted forty days according to Kroeber and McNichols, or four days only, according to my own informants and those of Drucker and Wallace. My informants declared that the drinking of cold water would chill the girl's entire blood (and not merely the menstrual

blood), and would cause it to cake.[8] Warm water, on the contrary, was believed to be a prophylactic, which protected the girl against future illnesses in general, and against menstrual cramps in particular.[9] Wallace's informants stated that if the girl ' swallows cold water, she will have a bad stomach ' (57). By combining the information obtained by Wallace and by myself, it becomes evident that what the rule of drinking warm water seeks to prevent is the *weylak nyevedhi:* (anus-pain ghostly) disease, which the Mohave believe to be pseudo-cyesis brought about by the clotting of the blood in the womb, which, in turn, is due to the return of a dead child's ghost into the mother's body. (In reality this disease is probably due simply to a fibroid tumour of the uterus.) The fact that my informants specified that the girl's *entire* blood would cake simply indicates that menstrual blood is not believed to be a special kind of blood, but merely the ' bad ' part of the blood-content of the body.

Bourke's statement (3) that the menstruating girl was forbidden to drink coffee has two probable sources: The belief that alien food-stuffs cause the *ahwe : hahnok* (foreign contamination) disease, and the conviction that persons passing through critical periods of the life-cycle are especially vulnerable to malignant, i.e. alien, influences.

(*b*) *Food Taboos.*

(1′) *Quantitative Taboos.* According to Wallace (57), the menstruating girl ate sparingly for four days. My own informants, however, did not mention any quantitative taboo.

(2′) *Qualitative Taboos.*

(*a′*) *Salt.* According to Bourke (3), Kroeber (40), Drucker (27), Wallace (57) and my own informants, the menstruating girl had to eschew salt for a period which, according to Kroeber, McNichols and my half-Cocopa informant, lasted forty days, but according to Drucker, Wallace and the majority of my informants lasted for four days only. My informants also stated that a violation of this taboo would, later on, cause the girl's body to ' swell up in places '.

(*b′*) *Meat and fat,* according to Bourke (3), Kroeber (40), Drucker (27), Wallace (57) and my own informants, was taboo; for forty days according to Kroeber's informants, and for four days only according to the rest. (Bourke does not mention the taboo on fat, presumably because he included it in his discussion of the meat-taboo.)

The general taboo on meat and fat is partly contradicted by the following statement: ' Menstruating wives may not eat their husband's kill, lest they should lose their good eyesight and take shots at tree stumps. Single girls were, however, free to eat anyone's kill.' If meat and fat were taboo, one does not see how single girls could eat anyone's kill, since this would imply eating meat and fat. A similar inconsistency, regarding the tabooing of contacts with hunting-bows, will be discussed further below. The cannibalistic implications of taboos on meat were analysed elsewhere (23).

(*c′*) *Mesquite, Corn, Pumpkins and Watermelon* were, according to Bourke (3), taboo. According to Wallace (57), however, mesquite was one of the standard foods of the menstruating girls.

(*d′*) *Permitted Foods.* According to Bourke (3) the menstruating girl ate mainly beans, ' grass-seeds ' and mush-melons, while according to Wallace (57), she ate ' mostly wheat mush or mesquite bean gruel '. According to my informants ' girls were supposed to eat mainly mushy food ', because ' the teeth of menstruating women are soft '. The male shaman Hivsu:Tupo:ma remarked that ' when *we* were young, *we* had a nice set of teeth, because when *we* menstruated *we* ate nothing but soft food, since at that time *our* teeth are soft '.[10]

(7) *Avoidances.*

(*a*) *Persons.* While outdoors, e.g. for the purpose of voiding her fæces or urine, the pubescent girl avoided meeting people. On returning indoors, she put on another bark skirt, and was ' all wrapped up ' in order to protect her from the cold (57).

(*b*) *Hunting-Bows.* According to Stewart (49) deer-hunters (*akwak konik*) had to remove their bows from the house inhabited by a menstruating woman for a period of four days. On the other hand, McNichols (44) describes the manufacturing of a bow at the house of a girl who

[8] In reality menstrual blood coagulates more slowly than does ordinary blood (58).

[9] This statement proves the (often-denied) occurrence of menstrual cramps in primitive women.

[10] The fact that this male shaman discussed menstrual taboos in the first person plural, merely indicates that he was quoting *verbatim* his old mother and his wife, whom he frequently consulted on feminine matters.

had just reached puberty. While it is not clear whether the bow in question was a hunting- or a war-bow, the situation is a paradoxical one, and seems to repeat the confusion regarding the taboo on eating one's husband's kill. (Cf. above.) To add to the confusion Drucker (27) states that the menstruating woman's husband refrains from hunting for four days. Yet, on the whole, the taboo is a plausible one, precisely because hunting involved the shedding of blood.

(8) *Activities.*

(*a*) *Ritual Activities in General.* According to Kroeber (40), Wallace (57), and my own informants, since the pubescent girl's actions were symbolic of her future, she had to observe correct conduct, so as to make certain that she would behave in a proper manner in adult life.[11] She got up early in the morning, took a run, and performed various useless and useful tasks further described below, in order to make her strong, healthy and industrious. The rule that the pubescent girl was supposed to run was confirmed by several reliable informants, but was denied by a mediocre one, who stated that ' pubescent girls did not run, and did no work, because it may cause them to have pains in their joints '.

(*b*) *Mirrors.* According to Wallace (57) excessive narcissism and preoccupation with the body-image was discouraged, the pubescent girl being forbidden to look at her image in the water or in a mirror under penalty of becoming cross-eyed. It is probably unnecessary to remark that the existence of such a taboo clearly reflects the Mohave Indians' awareness of the narcissistic and passive-receptive tendencies of menstruating girls (1).

(*c*) *Work.* Opinions vary regarding work performed by pubescent girls and by menstruating women. According to Wallace (57) the pubescent girl sat alone in a corner of her house, and did nothing. Other writers describe various activities which may be divided into two categories:

(1′) *Constructive Work.* McNichols states that the pubescent girl was permitted to cook and to carry water, though the incident he described occurred during the ' first forty days ', rather than during the actual duration of the first menstrual flow (44). According to Drucker (27) the menstruating woman was permitted to cook for her husband. My own informants stated this matter somewhat differently: ' The pubescent girl and the menstruating woman *did not work harder than usual.* We do not like to have menstruating women work all over the place, because they are wrapped in an odour of blood, and we dislike that smell ' and: ' Her smell communicates itself to whatever she cooks, and might disgust people '. (This, of course, is a counter-phobic attitude towards cannibalistic wishes.) Yet, despite these strictures, none of my informants denied that menstruating women attended to most of their *usual household* duties.

(2′) *Useless Work.* According to Kroeber (40), the pubescent girl went around plucking arrow-weed leaves, lest she should become lazy in later life if she merely sat about in the house during her first menses. Wallace (57), while confirming this practice, states that it had no special meaning, and remarks that the Mohave, when walking through shrubs, are in the habit of aimlessly snapping leaves from arrow-weed bushes. I propose to suggest further below that the ritual (?) plucking of leaves and twigs may be related to the terminal fumigation ritual.

(9) *Psychological Patterns.*

(*a*) *Indoctrination.* According to my informants, the girls received no specialized instruction during their puberty ritual, ' since they had already learned all they need to know from casually dropped remarks, and by keeping their eyes open '. Wallace (57), on the other hand, states that the mother or grandmother of the confined girl instructed her about the proper behaviour patterns and duties of adult womanhood. The divergence between these statements probably represents nothing more than a difference in quantitative emphasis. I.e. it is quite possible that Wallace's informants, who were younger than mine, and volunteered these data more than ten years after my first field-trip, unconsciously projected backwards into the past latent attitudes compatible with *their* current degree of acculturation—in other words they may have assumed that, in aboriginal times, a girl could reach puberty without knowing all beliefs and practices pertaining to menstruation-rites.

On the whole, it is highly probable that if the menstruating girl did indeed receive special

[11] The same is also true of all *prescribed* behaviour during other critical periods of life.

instruction at that time, the information provided was more or less a formal recapitulation of knowledge which she already possessed—i.e. a Deuteronomy of sorts, rather than an imparting of new revelations and of secret knowledge. This inference is an exceedingly plausible one, since, in aboriginal times, even very young children were fully conversant with tribal lore pertaining to all phases of sexuality, as well as with patterns of adult conduct, since, unlike in our own society, the conduct of children was not formalized, but was viewed as incompletely adult behaviour. In other words, to use Benedict's terminology (2), primitive education emphasized continuities, rather than discontinuities, in cultural conditioning.

(*b*) *Conspicuous Modesty.* According to Kroeber (40), the pubescent girl was expected to observe silence, so as not to turn into a habitual gossip in later life. She was also told not to move her head to look about, because this act would cause her to become immodest. Wallace (57) also states that the girl should not engage in unnecessary talk, lest she become an inveterate chatterbox and gossip, and that the girl was not supposed to laugh out loud or act sillily, lest she should act in that way throughout her life. My own informants likewise confirmed these rules, although they seemed to feel less strongly about these matters than Kroeber's and Wallace's informants appear to have done. Wallace also specifies that pubescent girls were told to *cease* exposing themselves (57). This remark, of course, indirectly confirms my statement, which Wallace himself challenged in another context (56), that Mohave children led an active sexual life (22).

(*c*) *Heterosexual Behaviour.* Kroeber (40), Drucker (27), and Wallace (57) report that the pubescent girl must be modest in her behaviour, McNichols (44), however, reports extremely provocative conduct on the part of a pubescent girl, who actively pursued a visiting young man and, when rebuffed by him, insulted him by referring to his dead relatives, and, aided and abetted by her mother, even pelted him with lumps of earth. My own informants declared that, in theory at least, menstruating women usually refrained from intercourse, because their odour was repulsive to men. On the other hand they admitted that some 'bad' (i.e. lewd) men did have intercourse with their menstruating sexual partners, and then went to swim in the river, in order to display their blood-stained genitalia to their friends, and to boast of having cohabited with a menstruating woman. The fact that the Mohave characterize such men as 'bad', and the fact that they view their actions as 'humorous exploits' (22), substantiates Freud's opinion that the anaphrodisiac effects of menstruation are due to a culturally standardized reaction-formation (35).

(*d*) *Dreams.* In view of the Mohave Indian's constant preoccupation with dreams, which play a decisive rôle in Mohave culture (40, 55), it is noteworthy that Wallace (57) alone reports any culturally standardized interest in the dreams of the girl at the time of her puberty. 'A girl's dreams are of special consequence at the time of her first menses. She is instructed to remember all the details, and to recount them to an older person, so that her future life can be predicted' (55). Wallace also make a similar statement in another context (57), although, regrettably enough, he reports no characteristic puberty dreams. While Wallace is the only student of the Mohave culture to report a specific interest in puberty-dreams, his statement is entirely credible, partly because of his proved reliability, and partly because both the Mohave (55), and the Diegueño (53) instruct young people to report their dreams to their elders. Another unusual feature of Wallace's statement is the fact that puberty-dreams seem to belong to that small group of dreams whose *special* significance is known to be due to the *time* or *occasion* on which they were dreamed.

(*e*) *Esoteric material* connected with puberty rites is extremely scanty. With the exception of dreams, the only known supernatural aspects of puberty are the practice of protecting the girl's calves against the bite of devouring supernaturals, and the avoidance of vaginal douches which might cause the *kumadhi:hikwi:r* disease.

(10) *Terminal Rites.*

(*a*) *Washing.* After the cessation of the flow the vulva is sponged externally. Great care is taken to prevent water from entering the vagina, since this is believed to cause the dread *kumadhi:hikwi:r* disease. (The *hikwi:r* are supernatural snakes.)

(*b*) *The Bath.* According to Kroeber (40) the pubescent girl washed herself in warm water for forty days. Drucker (27) states that in winter the girl bathed at home in warm water, while in summer she bathed in the Colorado River, for a period of forty days. Wallace (57) reports, however, that the girl bathed *twice* daily—

mornings and evenings—in warm water, and never in the river, since stepping into cold water might cause her to have ' pains '. By contrast, all my informants, except one unreliable one, did not mention daily bathing *during* the menses, but only at the *end* of the monthly period. It is quite likely that this latter view is the correct one, since it is highly characteristic of the Mohave to take purifying baths only at the *end* of critical periods, rather than at a time when the critical process is still going on. This inference is also supported by McNichols' remark that the pubescent girl seemed dirty and slovenly (44). Even Wallace seems to contradict himself on this point, since he states (57) that ' the four-day observances are concluded with a bath of sage leaves in warm water ', the girl being ' washed all over by her mother so that she will not stay in that period '. My informants also stated that the girl took a warm bath on the ' fifth ' day, i.e. at the end of her flow. After her bath she gathered some arrow-weed branches—possibly in connection with the allegedly ' aimless ' picking of arrow-weed leaves reported by Kroeber (40), and Wallace (57)—and covered them with manure, which, in historical times, was that of horses. (Precisely what type of manure was used in pre-Columbian times is no longer recalled.) The pile of branches covered with manure was then ignited, while the girl stood, with her legs spread, above the fire and fumigated her genitals until her thighs were entirely smudged with smoke.[12] Then she took another warm bath, which completed the first puberty ritual.

The purpose of the fumigation rite was no longer remembered. This is regrettable, since this interesting rite establishes an unexpectedly close connection between genital bleeding and fire, although it is usually strictly forbidden to link fire with menstruation, witness, e.g. the belief that if objects soiled with menstrual blood are burned, the girl becomes barren, and the practice of burning the cradle of a child if no further children are desired (17).[13] The most plausible explanation is that fumigation is undertaken in order to staunch the flow of blood.[14]

In brief, Kroeber's, McNichols, Drucker's and Wallace's statements notwithstanding, it seems probable that bathing was a strictly *terminal* rite.

(*c*) *Change in Age-Grade.* According to Wallace, the menstruating girl ceases to be called *misahaija* and began to be called a *misahaija hacim.* At the end of her fourth period she was called a *misahaija hacim hacim* and was deemed to be ready for marriage, although usually marriage did not occur until several years later.

According to my informants, however, the pre-nubile girl was called *humar hatciny.* After she reaches puberty she is designated *masaha:y*, i.e. ' girl ', until she has a child, whereupon she begins to be called *thinyeak*, i.e. ' woman '. She retains this designation until the menopause, when she begins to be called *kwakuy*, i.e. ' old woman '.

(*d*) *Age-Grade, Puberty Rites and Defloration Rites.* I had occasion to state elsewhere that social emphasis upon the advent of puberty seems to be negatively correlated with emphasis upon virginity (10). This general hypothesis is fully supported by our Mohave data, since many Mohave girls were deflowered long before they reached puberty, without acquiring thereby the status of ' women ', or of nubile girls (*masahay hatciny*). The next differentiation in terms of ' age ' was not between single women and married women, but between childless women and women with children (*masahay* v. *thinyeak*). It is highly probable that the choice of specific criteria for age-grading (i.e. pubescent *v.* virgin, single *v.* married, childless *v.* fertile women, etc.), is a significant culture-area criterion, fully comparable in importance to such other culture-area criteria as totemism, the use of fermented beverages, or of rancid butter, funeral masks, etc. Since this matter is beyond the scope of the present study, the hypothesis is merely restated, in the hope that it will stimulate relevant comparative studies. Suffice it to say that, in Mohave society, the age-grading of women was determined *not* by their actual (virginity) or ascribed (single estate) abstinence from, or participation in, *sexual acts*, but by their non-existent (pre-adolescence), potential (nubility), actual (motherhood) or terminated (menopause) *fertility.* The psychological implications of this mode of age-grading are too obvious to stand in need of discussion, except to point out that in the second type of society infantile sexuality is

[12] This is the only instance known to me in which the Mohave used manure either ritually, or as fuel. The use of buffalo-chips as fuel was a routine procedure among the Plains Indian buffalo-hunting tribes.

[13] The body of the fœtus is believed to be formed originally of menstrual blood (15).

[14] In one of his publications (47) Roheim reproduces a photograph showing Australian men fumigating their ritually lanced penises, in order to staunch the flow of blood.

usually taken for granted, whereas in the first type it is usually denied.

(*e*) *Post-Pubertal Menstruation.* The observances on the occasion of a woman's usual menses were, according to all authors, limited to four days, and did not include delousing, mud-shampoo, daily combing, and lying on a bed of hot ashes. According to Wallace (57), though not according to my own informants and to those of other authors, the woman was even permitted to 'eat anything but meat—and just a little salt'. In addition to observing the taboo on meat, salt and cold water, the woman also bathed daily(?), and took a final bath after the cessation of her monthly flow. Menstruating girls and women were free to attend gatherings and to gamble (25), and were not considered dangerous to anyone. In brief, routine menstrual observances were infinitely less irksome than those occurring during puberty, and did not restrict the woman's usual freedom or working schedule to any appreciable extent.

(*f*) *The Husbands of Menstruating Women.* According to my informants the husband of an immature girl was supposed to submit to every single ritual observance imposed upon his pubescent wife, with the sole exception that he did not have to lie on a bed of hot sand and ashes. Thus, according to Drucker (27), the husband of a menstruating woman refrained from meat, fat and salt for four days, and did not hunt. According to Stewart (49), if the husband happened to be a deer-hunter, he also removed his bow from the house during the menses of his wife, or of any other woman dwelling in his house. McNichols, on the other hand, described in great detail the manufacturing of a new bow in the yard of a house in which a girl had just begun to menstruate (44). According to my informants, the husband of the menstruating woman was required to take a bath at the end of his wife's period. According to Drucker (27), however, the husband's bath was optional, i.e. he himself decided whether or not he wished to take a ritual bath at the end of his wife's monthly flow.

The lover of a single or married woman did not have to observe any of the customs and restrictions imposed upon the husband of a menstruating woman.

(11) *The Obsolescence of Puberty and Menstrual Observances.*

The rites under study were among the first to yield to the impact of American civilization. It is therefore quite likely that all existing scientific descriptions of these practices refer to very attenuated and simplified versions of the complete ritual of aboriginal times.[15] Since, at present, these prophylactic rites are completely obsolete the older Mohave are rather prone to affirm that the alleged 'infertility and early menopause' of present-day Mohave women is due to their failure to submit to the old menstrual observances. 'You are barren at thirty because you did not submit to the puberty and menstrual rites', is a frequently heard remark among the Mohave.[16] The disappearance of menstrual observances was not brought about by a single cataclysmic event, similar to that responsible for the disappearance of aboriginal obstetric practices (16). Rather was it due to a process of slow attrition and simplification, which gradually stripped one detail after the other from the ceremony, until, about 1900, it ceased altogether to be observed. From the viewpoint of cultural dynamics the course of this process of attrition is worthy of notice, since *the gradual simplification of the ritual was patterned upon the structure of the ritual itself*, which contained the model upon which its own destruction could be patterned. I refer, of course, to the fact that the *idea of simplifying* the ritual was a part of the ritual itself, since subsequent menstrual observances were merely increasingly *simplified* versions of the first pubertal observance. This, no doubt, provided the Mohave with a model for the simplification of the ritual, until, through constant pruning, the entire ritual was trimmed down to nothing at all.

Be that as it may, as early as 1932, only a few shamans and some of the oldest members of the tribe still recalled the details of the puberty and menstrual rites. Persons under fifty years of age merely recalled the major phases of the elaborate initial rite, and, therefore, assumed that all subsequent ones were equally complex.

As regards the practice of compelling the husband of a non-nubile girl to submit to practically all observances imposed upon his

[15] Historical anthropologists may find it possible to reconstruct the aboriginal form of this ritual from the data pertaining to Yuma practices, which may be culled from the writings of early Spanish travellers (30).

[16] Even if it should be possible to prove the allegation that the present generation of Mohave women is less fertile, and reaches menopause at an earlier date than the previous generation, the difference should probably be attributed to the prevalence of venereal diseases.

wife on the occasion of her puberty, it had become obsolete so long ago that only the oldest and best-informed Mohave still recalled it.

(12) *The Climacterium* (*Climacteric*).

It is of considerable significance that neither a passive listening technique, nor direct questions ever elicited any remarks from my male and female informants indicating that the climacterium was thought of as a traumatic period marked by psychological tensions and erratic behaviour. In fact octogenarian Mrs. Tcatc rather boastfully declared that, being an old woman, and the grand-daughter of the last independent Mohave chief, she felt quite free to speak up in tribal gatherings, although women are usually supposed to refrain from a *public* participation in tribal government.

There are also numerous indications that the active sexual life of Mohave women did not terminate with the climacterium and the menopause, since 'in aboriginal times women remained potent (*sic*) until death'. The fact is that middle-aged Mohave women found it rather easy to obtain young husbands, since men, disgusted by the flighty behaviour, shiftlessness and poor housekeeping of their young wives, frequently divorced them, and married their mothers-in-law instead, who could be relied upon to provide them with a well-kept home and decent meals. I have suggested elsewhere that this practice may enable us to understand why elderly women did not become afflicted with the *Hiva itck* ('heartbreak') syndrome when abandoned by their young husbands, while older men deserted by their young wives frequently suffered from this transitory reactive psychosis (11). On the whole, the climacterium did not cut off the middle-aged woman from the enjoyment of her femininity, either sexually or otherwise, while the recurrent divorces of her grown children usually filled her house with grandchildren, whom it was both her privilege and her duty to bring up and to nurture.

In view of this state of affairs, it is not surprising to note that whereas some male shamans became witches only in later life (40)—i.e. in their middle forties, or even later—no woman shaman appears to have become a witch only *after* she had reached the climacterium. Thus, in 1932, Mah, the only woman who, at that time, was accused of being a witch, was still in her thirties. Similarly Tanu:, who is almost the only elderly female whom several Mohave described as a 'mean old woman', appears to have been 'nasty' all her life; i.e. she drove one of her nephews to suicide (20) while she was apparently still in her thirties. Old women who were despondent because they had been neglected, usually preferred suicide to overt aggression.

It is, therefore, safe to say that, in Mohave society at least,[17] the climacterium did not imply a traumatic transition from instinctual gratification and social participation to barren drudgery and self-denial. Rather did it mean a consolidation of the gains of a lifetime, the gradual decanting and crystallization of the meaning and purpose of life, and, instinctually and characterologically, a gradual concentration of libidinal cathexes upon the immediate family; upon husband, lover, children and grandchildren. At the same time the removal of the obligation not to compete with men in tribal and public pursuits liberated the socially creative energies of the older women, and made them important personages in the *informal* social structure of the tribe, as repositories of knowledge, wise counsel and maternal benevolence. The frustrated, narrow, obsessive, tight-lipped and censorious women depicted in Grant Wood's famous painting 'Daughters of the American Revolution', as well as the scatter-brained, inefficient and rather pathetic middle-aged 'culture-hounds' of Helen Hokinson's cartoons were equally conspicuous by their absence in Mohave society. The dignity of old Mrs. Otac, the motherliness of Hivsu : Tupo : ma's mother, or of the shaman Hilye : ra Anyay's wife, and, last but not least, the gargantuan *joie de vivre*, good sense, profane speech, the warm-hearted 'no-nonsense' loyalty of a tiny bent old woman like Mrs. Tcatc, resemble far more closely the traditional picture of the 'grand old ladies' of e.g. the English Regency era, than the old women of the Victorian middle-class or of a small mid-western American town.

On the whole, the Mohave woman during and after menopause continued to remain in the main current of life, her hands full of work, her house full of grandchildren, her head full of the wisdom of experience, her arms not infrequently full of a young husband or lover, her eye still gleaming, her tongue quick to give witty repartee, and not at all disinclined to

[17] The same is true also of the Ha(rhn)de:a(ng) Moi of Indochina, and of several other tribes as well.

flirt outrageously with a man young enough to be her grandson. So did octogenarian Mrs. Tcatc flirt with me, accusing me at one moment of fantastic sexual proclivities, acts and diseases, or scolding me for imaginary slights, and the next moment comforting me, trying to laugh me out of a mood, or, her eyes bright and warm, telling me that I was like a favourite grandson to her, for whose sake, on the eve of her death, she violated the tribal taboo on being photographed, sending me her picture so that I should not forget her after her death (18). And, last but not least, she could be dewy-eyed like an adolescent, when she spoke of her first lover, and of the never-to-be-forgotten exquisite pain she experienced when he left her—more than two generations ago.

Summing up, the climacterium and old age of Mohave women validate Benedek's (1) interpretation of this period as a *developmental* rather than as a purely *involutional* phase of life. It represents not the cessation of the joys and pangs of living, but a consolidation, crystallization and transvaluation thereof, a final, active, sunset-like summing up of a long day, whose ups and downs were lived and experienced unreservedly and in full, a summing-up of life which is also part of living, and without which life would be incomplete and death without meaning or dignity.

(13) *The Psychological Function of Menstrual Rituals.*

It is probably rather significant that neither my informants nor those of Wallace (57) mentioned the occurrence of psychological disturbances at the time of puberty or during the menstrual periods. On the contrary, Wallace's data seem to suggest that, after reaching puberty, the girl becomes—or at least is expected to become—more settled in her behaviour than formerly. If, as is highly probable, this inference is a correct one, we must seek to explain why the period of puberty is a less stormy one in Mohave society than it is among ourselves, especially in view of Anna Freud's opinion (31) that the period of puberty is a *necessarily* disturbed and tense stage of human life. Apart from differences in early childhood experiences (56), the absence of pubertal stresses in the majority of Mohave adolescents is probably to be explained primarily in terms of differences between the Mohave Indian's and our own management of puberty and of the pubescent. The most significant of these differences is, obviously, the existence of elaborate male (21) and female puberty rites among the Mohave Indians. It is probably precisely this ritualization of a period of stress and strain which accounts for observed—or at least inferred—differences between the overt behaviour of Mohave adolescents, and of the young in our own society. This tentative explanation is, of course, in accordance with Sigmund Freud's thesis (32, 33) that both neurotic and culturally standardized ritual serves to bind anxiety, and thus contributes to the over-all security and true, or at least apparent, stability of the individual. This explanation does not in any way contradict Anna Freud's inherently sound thesis regarding the strains inherent in puberty. On the contrary, the extensive ritualization of puberty and menstruation in Mohave society, which is in striking contrast with the usual minimization of ritual in this culture (40), actually confirms Anna Freud's point of view, since there would be no *need* for complex rituals, were pubertal anxieties not a potential source of personal distress and social tension. This last inference is further confirmed by the fact that puberty and adolescence is, by definition, the period during which budding shamanistic powers first manifest themselves (9). It is also noteworthy that the regressive aspects of puberty, mentioned by Anna Freud (31), manifest themselves quite conspicuously in the manner in which such atypical individuals become conscious of their latent shamanistic powers: it is believed that some adolescents suddenly begin to recall ' intra-uterine ' dream experiences, which are then re-experienced in the form of culturally standardized shamanistic ' dreams ' (9, 45). These dreams, or, at least, the imputation of these dreams, in turn, clearly indicate both the reawakening of early conflicts and tensions, and the tendency to deal with them by regressive means which, according to Anna Freud, include speculations about the origin of the world, as a substitute for speculations about the origin of babies (31). In fact, these two types of speculation are almost completely fused in the shamanistic dreams of future obstetrical ' specialists ' (16).

Summing up, despite the settling-down process observable in typical Mohave adolescents, which differs from the increasing tensions manifested by adolescents in our own culture, Anna Freud's thesis regarding the nature of puberty is completely confirmed by our Mohave data, observed *behavioural* differences being probably

due to the binding of anxiety by means of puberty rituals, whose complexity is in striking contrast with the usual lack of ritualism characteristic of Mohave society.

PART II

INTERPRETATION

It is well known that mankind tends to view blood as a strange and dangerous substance (41), and thinks of bleeding primarily as a result of an act of violence, which, particularly among warlike tribes, threatens the aggressor almost as much as the victim of his aggression (41). It is therefore to be expected that the spontaneous, as well as the induced, genital bleeding of women would be co-ordinated with this sadistic conception of blood and of bloodshed. Hence, it is important that we inquire first of all into the present state of our knowledge regarding the psychodynamics of the three principal types of feminine genital bleeding, especially with reference to fantasies of aggression. The trail which this inquiry must follow has been blazed by Freud himself, who emphasized with great clarity the fact that fantasies of violence and aggression are implicit in the unconscious meaning of menstruation. 'The totem is of the same blood as the human being, and for this reason the blood ban (in reference to defloration and menstruation) forbids sexual intercourse with a woman of the same totem' (32). The fact that this statement couples defloration, which is in fact a result of 'aggression', with menstruation, which, biologically, is not caused by aggression, clearly implies that the latter phenomenon is unconsciously viewed not merely as a result of masturbation ('damaged genitalia'), but also of fantasied aggression. This, of course, strongly supports the thesis that all forms of genital bleeding are, unconsciously at least, imagined to be the result of aggression.

The inference that this aggression is an infantile-oral one is supported by the fact that in many tribes the word 'eating' is a euphemism for sexual intercourse. This is true of the Ha(rhn)de:a(ng) Moi of Indo-china, as well as of numerous other tribes (52).

(1) *The Psychology of Defloration* is so well understood, both from the masculine (34) and from the feminine (59) point of view, that even Gordon's highly unorthodox, and sometimes outright fantastic, socio-religious study of defloration is rich in valid psychological insights (36). On the whole, existing theories of defloration stress primarily the *unconscious* aggressive and penetrative aspects of this act, which closely resemble *conscious* socially standardized attitudes towards bloodshed in warfare, and in other explicitly aggressive activities. This theory is fully applicable to Mohave defloratory practices (22), which, like Mohave warfare (20, 50), are partly aggressive, partly competitive, partly humorous, and above all, sportive ventures. The identity of the two attitudes is also made evident by the fact that the man who had deflowered a virgin had to deny his nausea-reaction to blood by means of a boastful display of his bloodstained penis, which he then washed, just as the victor in battle, and the taker of a scalp, first boastfully displays his feat, and then hastens to bathe and otherwise purify himself, in order to avoid calamity and madness (50). The basic similarity between warfare and defloration is made even more evident by the fact that both activities contained overt anal elements. 'Considerate' men first penetrated very young virgins anally (22), while, during the victory feast, male transvestites, and old women who had lost a relative in battle, ridiculed stay-at-home men of fighting age by poking them between the legs, from the rear, with artificial phalli, and called them cowards and homosexuals—the two words being the same (*alyha:*) (8).[18]

(2) *The Psychology of Menstruation* is, in

[18] The concept that the hymen is a kind of trophy is, of course, quite conspicuous also in our own society. This suggests that defloration can be understood, to a certain extent, in terms of the scheme which Fenichel propounded in his paper 'Über Trophäe und Triumph' (29). It is also possible to show that, in our society at least, the female genitals are equated with the scalp, witness the fact that during the notorious Sand Creek massacre of the Cheyenne Indians, a White 'scalped' the pubis of a fallen Indian woman (37). This equation is, of course, both repressed and displaced, since flirtatious women, rather than Don Juans, are spoken of as 'scalp-hunters'. The following incident will also show that this equation is a quite basic one. Some years ago I had occasion to mention, in a psychological gathering, the word 'maidenhead' in such a manner that it was almost impossible to misunderstand its meaning. Yet a recently arrived European psychoanalyst of great distinction, whose English was by no means inadequate, said 'Is maidenhead something girls wear in their hair?' When I somewhat facetiously replied 'In a way, yes'—the ensuing levity clearly suggested that this 'witticism' touched repressed, or formerly repressed, material. The fact that the word 'maidenhood' is one of the very few instances in which '*hood*' became corrupted into '*head*' is also significant, since we know that 'folk-etymologies' frequently reveal important unconscious material.

comparison with our understanding of defloration, more or less *terra incognita*. The principal shortcoming of the otherwise significant works of Chadwick (5), Daly (6) and Deutsch (7) is the fact that they emphasize almost exclusively the ominous and uncanny aspects of this physiological process.

(*a*) '*The Menstruating Woman as a Witch*' is, in a sense, the central theme of the psychoanalytic approach to menstruation. This interpretation, while correct in many respects, is a distinctly partial one. Furthermore it is significant that none of these authors stressed two of the most interesting similarities between the witch and the menstruating woman: the fact that their nefarious power is usually acquired automatically, and sometimes even against their conscious wishes, and the fact that this power threatens primarily the menstruating woman's and the witch's own relatives.

(*b*) '*The Menstruating Woman as a Power*'. Despite Freud's (32) and Durkheim's (28) proof that that which is dangerous is also sacred, and *vice versa*, and despite the fact that ambivalence is one of the corner-stones of psychoanalytic theory, except for some tenuous palæobiological speculations the complementary, positive attitude toward the menstruating woman has been almost entirely ignored.[19]

These two conceptions are, of course, by no means incompatible. They seem contradictory merely because the *means* whereby the primary process manages to establish an unconscious nexus between the two poles of an ambivalent attitude is, as yet, insufficiently explored. Specifically, the social elevation of the menstruating woman is not merely not incompatible with the possession of destructive powers, but actually presupposes the latter: social prominence automatically implies the possession of unusual attributes, which, regardless of whether they are defined as achievement, charisma, divine right, birthright or *mana*, closely resemble magical powers. Indeed, it is the essence of actual social prominence and of magical powers that both can make men and nature subservient to, and vulnerable by, the possessor of such powers of prominence, and enable him to 'act out' his amorphous regressive and infantile fantasies of omnipotence. This, by the way, probably explains the well-established empirical observation that 'power infantilizes'. This infantilization of the possessors of power is manifest in their use of verbal command, in their exploitation of others, and, very characteristically, in their tendency to engage in pursuits which Veblen (54) has called 'exploit', and has contrasted with 'mere' (productive) 'drudgery'. In brief, the menstruating woman can be defined as both sacred and dangerous, and in a good many ways, as 'sacred *because* dangerous', and 'dangerous *because* sacred'.

It would be futile of course to seek to discover whether the menstruating woman is primarily sacred, or primarily dangerous, since it is quite essential for the understanding of primitive magical powers to realize that the shaman is neither good nor bad, but merely narcissistically powerful.[20] Since the possession of all supernatural powers is usually believed to manifest itself in the form of instability, and the ability to cause trouble, it is easy to see why primitives tend to impute supernatural powers to menstruating women (5), whose troublesomeness and 'acting-out' tendencies (7) are a source of considerable discomfort to their environment, since their example tempts others to relinquish their painfully acquired emotional stability, and to relapse into magico-omnipotent modes of thinking and acting. In addition, the aggressive, demanding and narcissistic complaining of menstruating women also stimulates the guilt-feelings, masochism and castration anxiety of their closest associates.

For this reason it is erroneous to interpret the secluding of menstruating women as a sign of their temporary social degradation. On the contrary, these restrictions and special attitudes merely indicate that they are set apart from, and, in many ways, set above the rest of mankind. Their seclusion must therefore be thought of as essentially identical with the 'honorific' restrictions (etiquette, taboos) imposed upon rulers and other sacred persons which, superficially, appear to serve these exalted persons, but are actually meant to protect ordinary people from the overwhelming

[19] I am indebted to Miss Ruth Faison Shaw for the information that, even though the Italian peasants ascribe nefarious powers to menstruating women, they also believe that, at the time of her monthly period, each woman rises a notch in the social hierarchy. The peasant woman becomes a lady, the latter a noblewoman, the noblewoman becomes a queen, while the queen becomes identified with the Madonna. In fact, menstruation specifically proclaims woman's kinship with the Madonna.

[20] Social differentiation between 'good' and 'bad' shamans occurs only at a rather advanced stage of cultural development.

mana of kings. In fact, etiquette frequently restricts in an inconvenient and awkward manner the freedom and psychological spontaneity of these human reflections of 'divine' omnipotence.[21]

Summing up, it seems legitimate to say that the menstruating woman is dangerous only because she is sacred, and infantile simply because she possesses magical powers. Her special status further proves the validity of the axiom 'power infantilizes', which, to my mind, is the cornerstone of the psychological study of social hierarchies *in action*.

The above observations tend to disprove numerous, and apparently indestructible, misconceptions and fantasies regarding the 'lowly estate' of 'primitive women in general'. The innumerable 'invidious' restrictions imposed upon women and slaves clearly indicate where genuine, as distinct from fantasied and spurious, power really rests: in women, who *propagate* the species, and in the masses, who *are* the species. Were they less powerful, the owners of spurious and infantile power would not find it necessary to hem them in with innumerable and 'degrading' restrictions, since one does not bother to tie up a puppy with a steel cable, although one may use such cables to tie down an elephant.[22]

(3) *Attitudes Toward Bleeding at Delivery* have also received comparatively little attention. This is probably partly due to the fact that the drama of birth tends to obscure the peripheral phenomenon of bleeding, which, in Mohave belief, is a sort of super-menstruation, expelling all at once the accumulated menstrual blood of ten missed periods.[23] The impression that attitudes towards menstruation and towards childbirth are closely related is confirmed by the fact that post-partum (23) and post-pubertal observances are practically identical.

Bleeding at birth is also equated with bleeding during defloration, although in this instance the 'outer shell' of the woman's body is pierced from the inside rather than from the outside. The well-known psycho-analytic equation penis = child, which is fully supported by our Mohave data, diminishes, however, the significance of the distinction between bleeding induced by means of an irruption *into* the female sex-organ during defloration, and hæmorrhage induced by means of an eruption *via* the female sex-organ, at birth.[24] The Mohave themselves have identical attitudes towards birth and defloration, as shown by the fact that they systematically mention stoicism during defloration in conjunction with stoicism during birth (22).

(4) *The Cloacal Theory of Genital Bleeding.* According to the Mohave, heterosexual anal intercourse, to which they are much addicted (22), is responsible for the frequency of hæmorrhoids in women. M. A. I. Nettle, M.D., attributed them, however, to poor post-natal

---

[21] In support of this view one may quote such facts as the saying that a certain Spanish king died from a surfeit of etiquette, the early death of almost every Dalai Lama, the misadventure of a Cambodian king who, when his litter-bearers accidentally dropped him, found no one who dared touch his exalted person in order to help him disentangle himself from his litter, and the incredibly complex and confining ritual surrounding Polynesian kings, some of whom, like infants, are fed on pre-masticated food. These examples, and many others, clearly indicate that this view is an essentially correct one.

[22] It will be objected that the tendency of men to equate the *realistic* powers of women, which are rooted in their reproductive capacities, with their own spurious, magical 'exploit-type' powers, destroys the validity of the second half of our argument. It is my considered opinion that this tendency merely sheds additional light upon the fantastically dereistic nature of many of the most fundamental social attitudes. Society is so inefficiently organized that it can successfully demand, first of all, that real achievements should be ignored as long as possible in favour of imaginary 'ascribed' achievement and status. When this is no longer possible, society tends to exploit without remuneration, and to degrade and slight constructive achievements; witness the position of those whose productive occupation consists in a Veblenian 'drudgery'. When this method also fails, there is a tendency to equate realistic powers with spurious ones, through a pseudo-'elevation' of the competent to the ranks of the respectable incompetent: Statesmen are 'elevated' to the House of Lords, scholars are 'promoted' to the rank of college presidents, and, on the primitive level, menstruating women are 'advanced' in rank to the status of witches. If this manœuvre also fails, society seeks help from the immemorial strategical wisdom of the Chinese: 'If you can't lick 'em, join them'. This manœuvre is exemplified by Louis Philippe's attempt to ape the middle classes, and by the 'scientific' exploration of 'telepathy' and 'occultism'. The final stage: the social recognition that genuine capacities are the only real ones, is nowhere observable, and may never be. Indeed, just as some weary arctic travellers were known to have discarded indispensable equipment before discarding their keepsakes and symbols—I am thinking of a concrete case—so men seem to prefer to carry blissfully the burden of magical thinking down the flight of years, while groaning under the load of a small parcel of common sense (43). This is reality, and we have to *accept* it. Whether we have to *like* it is another matter.

[23] The Mohave believe that the pregnant woman's body contains a store of unexcreted menstrual blood, which, for a while, builds the child's body, and then seeps back again into the womb, only to be excreted at birth (16).

[24] The psychological equivalence of irruption *into*, and emergence *from*, the vagina has been ably discussed by Sinha (48).

care and excessive stoutness. A heterosexual Mohave believed that his hæmorrhoids were caused by the huge penis (22) of a white fellow-prisoner, who pedicated him (8) while he was serving a term for the killing of his niece's illegitimate half-breed child (13). Since it is believed that 'considerate' men first penetrate virgins anally, the nexus between hæmorrhoidal bleeding and defloration is a rather obvious one.

The nexus between hæmorrhoids and bleeding at childbirth, is, again, a direct one. Transvestites, who, because they submit to pedication, are credited with hæmorrhoids, imitate childbirth by first artifically constipating themselves, and then by passing a massive scyballum, which they themselves—and those who ridicule them—refer to as a 'stillborn child'. (Anal child = fæces = penis.) (8).

The relationship between menses and anoperineal bleeding is a twofold one. Transvestites imitate menstruation by scratching themselves 'between the legs', until they bleed. Since the transvestite is supposed to suffer from hæmorrhoids, and since he habitually calls his anus (*hiwey*) a 'vagina' (*hithpan*), one infers that he probably makes his hæmorrhoids bleed, which is easier than making the perineum bleed (8). It is also extremely significant that the only Mohave ritual use of dung known to me occurs in the fumigation which concludes the puberty ceremony. Nausea reactions to menstrual blood also confirm this interpretation.

Summing up, the cloacal theory of vaginal bleeding is evident in several Mohave beliefs and practices pertaining to childbirth, defloration and menstruation.

(5) *Female Genital Bleeding and Castration.* One of the best-explored aspects of the psychology of menstruation is the fact that it arouses castration anxiety both in women (punishment for masturbation) and in men. The latter are, of course, aware of the fact that the penis bleeds only when it is partially or totally damaged, as in incision, circumcision, subincision, infibulation and total castration. It is also well known that the damaged (i.e. circumcised) penis is fantasied to be either feminized (4, 46) or else super-potent (4).

As regards the first of these alternate fantasies, Roheim reported that the Australians equate the recurrent ritual incising of the subincised penis with the menses, and that subincised men cause unsubincised boys to rub their glans penis against the exposed urethra (47). These data, as is well known, have led Lorand to develop the concept of the vaginal father (42). As regards the Mohave, the transvestite imitates the menses by scratching himself 'between the legs' until he bleeds, and furthermore, habitually calls his penis (*modha:r*) 'clitoris' (*havalik*) (8). As regards the fantasy that the mutilated penis is a super-potent one, its compensatory aspects are too obvious to stand in need of further discussion (4, 46).

In view of such fantasies, one need not be surprised to find that menstrual bleeding is interpreted by the Mohave—and by many other tribes as well—as an aftermath of some mythical aggression against the girl's genitals. Thus, the pubescent Mohave girl must assume a special position on her bed of hot sand, in order to protect her calves against the bite of ghosts. It is probably unnecessary to add that, given the near-universality of the foot = penis equation, we are dealing here with a downward displacement of the phantom penis (42). The belief that the menstrual rite causes girls to have well-shaped calves further supports this interpretation.

It is appropriate to investigate at this juncture precisely why the menstruating girl should specifically fear oral-biting aggression against her calves (symbolic penis) at the time of her menstruation. It is quite probable that this specific fear is rooted in that part of the Mohave creation myth which concerns the origin of death. According to the Mohave, the god Matavilye was bewitched by his daughter, Frog-Woman, who emerged from the ground just under his buttocks while he was defæcating, and *swallowed* his fæces, which, as I have shown elsewhere, represented an anal castration (14). It is quite natural therefore that Mohave ritual should protect the girl's legs (penis) *specifically* against ghost-bites. Since the Mohave male transvestite calls his penis 'clitoris' and the Mohave female transvestite calls her clitoris 'penis', the fear of being bitten in the genitals may—together with some other factors (12)—also explain why the Mohave, who are much addicted to fellatio, absolutely never engage in cunnilingus.

The Mohave girl's fear of damage to her penis (clitoris) is also increased by an important reality factor: if a promiscuous woman begins to behave also in an offensive phallic manner, the incensed men will punitively mass-rape and clitoridectomize her (14).

Summing up, our Mohave data tend to support

the established theory that the genital bleeding of females tends to arouse castration anxiety in both sexes.

(6) *The Blood-Fæces-Child Content of Body.* Most people have only very hazy conceptions about the inside of the body. This is shown by the bewilderment of persons who see a pulmonary hæmorrhage, or hear of internal bleeding for the first time. The unconscious resistance to thinking of the body otherwise than as a shell, or else as a solid, even haunts the medical profession; witness the frequent failure of the average general practitioner to envisage the possibility of an internal hæmorrhage and concussion in what may seem to be merely a minor accident. The tendency to think of the body as a shell or as a solid is therefore probably a reaction-formation against repressed sadistic infantile preoccupations with the inside of the maternal body, which the child believes to be filled with blood, fæces and babies (38). I propose to show that the Mohave also harbour such beliefs.

(*a*) I have already stated above that the womb of the pregnant woman is believed to contain all the menstrual blood which she failed to expel during her pregnancy. I have also quoted the belief that fœtuses are, originally at least, composed primarily of a ' clot of blood ' (15). The equation blood = baby is, therefore, a formally enunciated belief in Mohave culture.[25]

(*b*) The body is also known to contain fæces which, in the case of transvestites, are equated with stillborn babies. This belief links blood with fæces, since both substances may form the ' body ' of a ' child '. Fæces are presumably, unconsciously equated with ' bad ' blood, since the fæcal child is, by definition—and of necessity—a ' still-born ' one. The fact that menstrual blood is also specifically spoken of as ' bad blood ' (57) further strengthens the blood = fæces interpretation.

(*c*) The body is also known to contain (blood and fæcal) babies, who are born amid hæmorrhages, which, as stated above, the Mohave view as a sort of super-menstruation. This tallies with the well-known fantasy that menstruation is a sort of abortive childbirth (7).

As regards bleeding during defloration, it is, as has been shown above, equated—via an identity of attitude (' the girl must not cry out ')—with childbirth.

I now propose to show that all these partial concepts and fantasies can be co-ordinated by means of a central fantasy, which derives the sadistic theory of intercourse from body-destruction fantasies, i.e. from the wish to rob the maternal body of its contents.

(7) *Coitus, the Robbing of the Maternal Body, and Genital Bleeding.* The existence of a fantasy linking these three events can be proved in several ways.

(*a*) *Phallic Aggression against the Fœtus* is expressed in several Mohave beliefs: men cohabiting with pregnant women must not perform vigorous copulatory movements, lest the penis should damage or even kill the child (15). The meat of stallions (phallic symbol) may not be eaten by pregnant women, lest it should ' kick out ' the fœtus prematurely. They may, however, eat stallion-meat during the four days which precede delivery, in order to cut short the period of labour (16).

(*b*) *Hostility towards the Unborn Sibling* is said to be manifested by sucklings who have to be weaned because of their mother's new pregnancy (12).

(*c*) *Displacement and Projection of Hostility.* I have suggested elsewhere that sibling hostility towards the unborn child, which adults impute to sucklings, was probably derived from the father's own hostility towards the unborn, who will be his rival for the woman's affections and time (12). It may be said with equal justice that the adult's fantasy of phallic aggression against the fœtus is a late manifestation of the child's body-robbing fantasies. In fact, the two types of aggression are, probably, inextricably interwoven with each other. If this hypothesis is correct, we are in a position to clarify somewhat further the precise nature of infantile body-robbing fantasies. Since, in adult belief, the penis is the device which assaults the fœtus and causes it to be harmed or miscarried, one may tentatively suggest that, in infantile fantasies, the penis is also the instrument wherewith the child plans to plunder the contents of the maternal body. In other words, coitus is at once a means of impregnating a woman, and a means of terminating her pregnancy.

[25] The Mohave Indian woman's fear of blood-clots in the vagina is closely related to her fear of ghostly pseudo-cyesis, perhaps because fibroid tumours of the uterus sometimes produce symptoms which primitive women can easily mistake for signs of pregnancy: there are clots of blood in the vagina, and even though these clots do not plug the cervix the drainage is usually a slow one. In addition there is frequently also an appreciable swelling of the abdomen.

The fantasy that coitus is a means of robbing the female body of its contents suggests that Melanie Klein is correct in assuming that the Œdipus conflict begins at a sufficiently early date to co-exist with body-robbing fantasies (38, 39).

(*d*) The behaviour of women at the end of intercourse also suggests an intimate fantasy-nexus between coitus and delivery. Thus, as I have shown elsewhere, at the termination both of normal and of deviant coitus, the woman tends to relax the sphincters of the body-opening into which the penis had been inserted, and frequently releases quantities of vaginal moisture (22), fæces (22) or sperm mixed with saliva (12). It is possible to suggest that these acts may constitute a combined attempt to prevent (vaginal, anal or oral) impregnation, and to 'act out' a—preferably brief, or 'brilliant' (7)—delivery, without which, according to Deutsch (7) no woman feels coitus to have been complete.

Summing up, it is probable that the connecting link between all forms of genital bleeding in the woman may be a central fantasy, in which coitus is defined as the means whereby the maternal body may be robbed of its contents, genital hæmorrhage being, in itself, a proof that the female body had been both robbed and damaged.

Conclusions

Mohave puberty and menstrual rites are described and analysed, and correlated with beliefs and practices pertaining to such other forms of genital bleeding as defloration and childbirth. It is suggested that these phenomena are closely interrelated psychologically, and can be co-ordinated with each other by means of a central fantasy, in which coitus is fantasied as the means whereby the maternal body may be robbed of its contents, thereby causing intense genital hæmorrhage.

(Received October 5, 1949.)

BIBLIOGRAPHY

(1) Benedek, Therese. *A Lecture Delivered before the Topeka Institute for Psychoanalysis*, 1949.

(2) Benedict, Ruth. 'Continuities and Discontinuities in Cultural Conditioning'. *Psychiatry*, **1**, 161–167, 1938.

(3) Bourke, J. G. 'Notes on the Cosmogony and Theogony of the Mohave Indians of the Rio Colorado'. *Journal of American Folk-Lore*, **2**, 169–189, 1889.

(4) Bryk, Felix. *Circumcision in Man and Woman* (New York, 1934).

(5) Chadwick, Mary. *The Psychological Effects of Menstruation* (New York, 1932).

(6) Daly, C. D. 'Hindu Mythologie und Kastration Komplex'. *Imago*, 1927, **13**, 145–198.

(7) Deutsch, Helene. *The Psychology of Women*, 2 Vols (New York, 1944–5).

(8) Devereux, G. 'Institutionalized Homosexuality of the Mohave Indians'. *Human Biology*, **9**, 498–527, 1937.

(9) —— 'L'Envoûtement chez les Indiens Mohave'. *Journal de la Société des Américanistes de Paris*, n.s., **29**, 405–412, 1938.

(10) —— 'A Sociological Theory of Schizophrenia'. *Psychoanalytic Review*, **26**, 315–342, 1939.

(11) —— 'Primitive Psychiatry' (Part I). *Bulletin of the History of Medicine*, **8**, 1194–1213, 1940.

(12) —— 'Mohave Orality'. *Psychoanalytic Quarterly*, **16**, 519–546, 1947.

(13) —— 'Mohave Indian Infanticide'. *Psychoanalytic Review*, **35**, 126–139, 1948.

(14) —— 'The Mohave Indian Kamalo:y'. *Journal of Clinical Psychopathology*, **9**, 433–457, 1948.

(15) —— 'Mohave Pregnancy'. *Acta Americana*, **6**, 89–116, 1948.

(16) —— 'Mohave Indian Obstetrics'. *American Imago*, **5**, 95–139, 1948.

(17) —— 'The Mohave Neonate and its Cradle'. *Primitive Man*, **21**, 1–18, 1948.

(18) —— 'Mohave Etiquette'. *Southwest Museum Leaflets*, **22**, 1948.

(19) —— 'Mohave Zoophilia'. *Samiksa, Journal of the Indian Psycho-Analytical Society*, **3**, 227–245, 1948.

(20) —— 'The Function of Alcohol in Mohave Society'. *Quarterly Journal of Studies on Alcohol*, **9**, 207–251, 1948.

(21) —— 'The Mohave Male Puberty Rite'. *Samiksa, Journal of the Indian Psycho-Analytical Society*, **3**, 11–25, 1949.

(22) —— 'Heterosexual Behavior of the Mohave Indians' (*in*) Roheim, G., (*ed.*), *Psychoanalysis and the Social Sciences, II.* (New York, 1950.)

(23) —— 'Post-Partum Parental Observances of the Mohave Indians'. *Transactions of the Kansas Academy of Science*, 1949, **52**, 458–465.

(24) —— 'Mohave Indian Verbal and Motor Profanity' (*in*) Roheim, G., (*ed.*) *Psychoanalysis and the Social Sciences*, Vol. III. (*In Press.*)

(25) —— 'Psychodynamics of Mohave Gambling'. *American Imago*, 1950, **7**, 55–65.

(26) Driver, H. E. 'Girls' Puberty Rites in

Western North America. Culture Element Distributions, XVI'. *Anthropological Records*, **6**, 2, Berkeley, 1941.

(27) DRUCKER, PHILIP. 'Culture Element Distributions XVII: Yuman-Piman'. *Anthropological Records*, **6**, vi, 91–230, Berkeley, 1941.

(28) DURKHEIM, EMILE. *The Elementary Forms of Religious Life*. (New York, 1915.)

(29) FENICHEL, OTTO. 'Über Trophä und Triumph'. *Internationale Zeitschrift für Psychoanalyse*, **24**, 258–280, 1929.

(30) FORDE, C. D. 'Ethnography of the Yuma Indians'. *University of California Publications in American Archæology and Ethnology*, **28**, 83–278. 1931.

(31) FREUD, ANNA. *The Ego and the Mechanisms of Defense*. (New York, 1946.)

(32) FREUD, SIGMUND. *Totem and Taboo*. (New York, 1918.)

(33) —— 'Obsessive Arts and Religious Practices'. *Collected Papers*, II. (London, 1927.)

(34) —— 'The Taboo of Virginity'. *Collected Papers*, IV. (London, 1925.)

(35) —— *Civilization and its Discontents*. (London, 1930.)

(36) GORDON, PIERRE. *L'Initiation sexuelle et l'évolution religieuse*. (Paris, 1946.)

(37) GRINNELL, G. B. *The Fighting Cheyennes*. (New York, 1915.)

(38) KLEIN, MELANIE. *The Psycho-Analysis of Children*. (London, 1932.)

(39) —— *Contributions to Psycho-Analysis*. (London, 1948.)

(40) KROEBER, A. L. 'Handbook of the Indians of California'. *Bureau of American Ethnology, Bulletin* 78, 1925.

(41) LOEB, E. M. 'The Blood Sacrifice Complex'. *American Anthropological Association Memoir*, **30**, 1923.

(42) LORAND, SANDOR. 'Role of the Female Penis Phantasy in Male Character Formation'. *Int. J. Psycho-Anal.*, **20**, 171–182, 1939.

(43) LOWIE, R. H. *Are We Civilized?* (New York, 1929.)

(44) MCNICHOLS, C. L. *Crazy Weather*. (New York, 1944.)

(45) MENNINGER, K. A. 'An Anthropological Note on the Theory of Prenatal Instinctual Conflict'. *Int. J. Psycho-Anal.*, **20**, 439–442, 1939.

(46) NUNBERG, HERMAN. 'Circumcision and Problems of Bisexuality'. *Int. J. Psycho-Anal.*, **28**, 145–179, 1948.

(47) ROHEIM, GÉZA. 'Psycho-Analysis of Primitive Cultural Types'. *Int. J. Psycho-Anal.*, **13**, 1–224, 1932.

(48) SINHA, T. C. 'Some Psycho-Analytical Observations on the Siva Linga'. *Samiksa, Journal of the Indian Psycho-Analytical Society*, **3**, 37–42, 1949.

(49) STEWART, K. M. 'Mohave Hunting'. *The Masterkey*, **21**, 80–84, 1947.

(50) —— 'Mohave Warfare'. *Southwestern Journal of Anthropology*, **3**, 257–278, 1947.

(51) TAYLOR, E. S., and WALLACE, W. J. 'Mohave Tattooing and Face-Painting'. *Southwest Museum Leaflets*, **20**, 1947.

(52) THOMAS, W. I. *Primitive Behavior*. (New York, 1937.)

(53) TOFFELMIER, GERTRUDE, and LUOMALA, KATHERINE. 'Dreams and Dream Interpretation of the Diegueño Indians of Southern California'. *Psychoanalytic Quarterly*, **5**, 195–225, 1936.

(54) VEBLEN, T. B. *The Theory of the Leisure Class*. (New York, 1899.)

(55) WALLACE, W. J. 'The Dream of Mohave Life'. *Journal of American Folklore*, **60**, 252–258, 1947.

(56) —— 'Infancy and Childhood among the Mohave Indians'. *Primitive Man*, **21**, 19–38, 1948.

(57) —— 'The Girls' Puberty Rite of the Mohave'. *Proceedings of the Indiana Academy of Science*, **57**, 37–40, 1948.

(58) WRIGHT, SAMSON. *Applied Physiology*, 7th ed. (London, 1941.)

(59) YATES, S. L. 'An Investigation of the Psychological Factors in Virginity and Ritual Defloration'. *Int. J. Psycho-Anal.*, **11**, 167–184, 1930.

A CONTRIBUTION TO THE PSYCHOLOGY OF MENSTRUATION

By ISIDOR SILBERMANN, M.D., New York

It will be my endeavour, in this paper, to deal with some psychological aspects of menstruation and *to show that the woman, during each menstrual period, regresses to pregenital levels in response to psychological experiences arising out of the hormonal onslaught.*

The monthly bleeding with its physical and psychical accompaniments; the absence of any visible wound or apparent injury to explain it; the fact that it appears only in women; its occurrence in a regular twenty-eight day cycle during the entire median portion of a woman's life, and its disappearance at pregnancy; its final termination at the menopause; all this has given rise to a vast body of irrational concepts and superstitions, in both primitive and more highly organized societies (Frazer, Daly).

Many early superstitions concerning the mysterious power of menstruating women have survived through the Middle Ages to modern times. In the oldest existing encyclopædia, the *Naturalis Historia* of Gaius Plinius Secundus (A.D. 77), we read that menstruating women turned wine into vinegar, killed seedlings and bees with their touch, turned milk sour and crippled horses. Even in our own day we hear it said that such women must not touch flowers, prepare jam, cook or serve food, eat certain dishes, bathe, have sexual intercourse, and so on.

The regular recurrence of the catamenia has been a factor in adding to the already abundant speculations. From early times it has been associated with the lunar cycle, high and low tide, sunspots and other natural phenomena.

The popular belief that the menstrual blood contains unclean and harmful substances would seem to have found at least partial support in the theories advanced by Zondek. In his study of the physiology of menstruation, he denies the early medical assumption that the purpose of the menstrual flux is to eliminate the egg which had missed fertilization and thus become an unwanted guest in the uterus. Rather does he stress the part played by the hormone œstrogen, large amounts of which, according to him, are to be found in the blood at the middle of the cycle, as well as at the beginning of the third quarter, and also immediately before and during the flow. Zondek pointed out that experiments on animals had shown that, by applying œstrogen in large quantities, it is possible to produce a cancer-like growth. He postulated, therefore, that the main function of menstruation is to rid the system of those large accumulations of œstrogen which, under certain conditions, might cause trouble.

At this point a few clinical facts may be of interest. Dusses de Barenne and Jibbs have shown that after the beginning of the menses the electrical activity of the cortex often becomes slower, and that in some cases, during the period between menses, a disturbance in the frequency regulation occurs. We know that epilepsy often starts at puberty and that in some cases seizures return only at the monthly bleeding. Some cases of migraine in women show a similar pattern. It is also known that many organic diseases show deterioration during menstruation, e.g. multiple sclerosis, myasthenia gravis, Graves' disease and angiovascular afflictions, rashes, urticaria and eczemas. During the cycle the body temperature, blood pressure, and pulse rate change. The temperature lowers when œstrogen increases, and *vice versâ* (Van de Velde).

There are, however, not only physical manifestations which appear with the flux, but also a host of unusual psychological reactions which precede, accompany or follow menstruation.

Investigations of women in various economic circumstances have confirmed the impression that psychological reactions to the menses occur not only in the neurotic and unstable, but in almost all females. There are women who at this time become very sensitive to smells, to noises and to certain foods, and others who are distressed by bright light, while some cannot tolerate darkness. Some women become complaining and quarrelsome, with sudden

temperamental outbursts over admittedly trifling matters, others display an increased desire for love and affection. Some become quiet and aloof, some may show signs of retardation and depression, and some have difficulty in repressing their tears. Still others show feelings of unworthiness, self-reproach and quick vacillation of mood from depressed to elated, giving the impression of a manic-depressive psychosis in miniature. Some women at such times not only become aggressive towards other people, but also show strong feelings of guilt, even to the point of self-destruction. Peller and others found that most female suicides occur during menstruation. We notice in some women free floating anxiety and a marked readiness to be distracted. Whitehead says that more serious and fatal accidents occur among women pilots at the time of their flux than at any other. Many women show compulsive features (Chadwick) in repetitive washing of the body, and particularly the hands, in frequent changing of dress and underwear, in order, as they claim, to avoid any blood stains showing. Increased ambivalence and doubts come to the fore; extreme suspiciousness, even paranoid features, may be encountered, and so on.

In our investigations of the reactions to the first and to the following menstruations, we observed 100 women in all—unfortunately the ideal statistical figure of 1000 was not at our disposal. Of these 28 were so-called normal, 46 neurotic, 7 manic-depressive and 19 schizophrenic. Our findings were as follows:

Reactions to the Menarche

Group A. Among those who were terrified, had indefinite fears or were afraid of injury, we found 25 per cent. normal, 32·6 per cent. psychoneurotic, 43 per cent. manic-depressive and 21 per cent. schizophrenics. Among the psychoneurotics we found 7·1 per cent. had a fear of bleeding to death.

Group B. Among those who were disgusted, self-conscious, ashamed and upset, we found 28·7 per cent. normal, 28 per cent. psychoneurotic, 43 per cent. manic-depressive and 15·7 schizophrenic.

Group C. Of those who felt surprise at the first flow, the normal represented 3·5 per cent., the psychoneurotic 10·8 per cent., the schizophrenic 5·3 per cent.

Group D. Impatience and waiting for the menarche: 17·8 per cent. normal and 8·7 per cent. schizophrenic.

Group E. Calm acceptance of the menarche was shown by 14·2 per cent. of the normal, by 7·7 per cent. of the psychoneurotic, by 14·3 per cent. of the manic-depressive and by 21·2 per cent. of the schizophrenic.

Group F. Pride in the first menstruation was admitted by 14·2 per cent. normal, 14·2 per cent. psychoneurotic, and 36·8 per cent. schizophrenic.

If we take the average of these groups we find that the largest consists of those who responded with fear and horror (30·4 per cent.). In a closely related group come the girls who showed disgust, shame, upset and surprise. We thus arrive at a total of 63·5 per cent. of the women studied who showed some form of fear or reaction to fear. A few responses disclosed fear of delivering a child and of involuntary elimination of stool and urine. Some girls mentioned a longing for their mothers, and wanted to take refuge in bed.

The reaction to the *ensuing* menstruation showed the following picture:

A. feelings of being dirty, messy, fear of blood stains being visible, and disgust: in normal women 32 per cent., in psychoneurotics 39 per cent., in manic-depressives 28 per cent., and in schizophrenics 10·7 per cent.

B. feelings of annoyance, shame and self-consciousness: in the normal 25 per cent., in psychoneurotics 30 per cent., in manic-depressives 14 per cent., and in schizophrenics 21 per cent.

C. fear, feelings of guilt and of being cursed: in the normal 10·7 per cent., in psychoneurotics 17·3 per cent., in manic-depressives 45 per cent., and in schizophrenics 15 per cent.

D. acceptance as a matter of fact: in the normal 32·1 per cent., psychoneurotics 13·2 per cent, manic-depressives 13 per cent., and among schizophrenic women we found the amazing figure of 52·6 per cent., which may be explained by the fact that schizophrenic women often deny the importance of the menstrual experience or are unable properly to evaluate their memories.

The emotional reactions to menstruation can be divided into those of the premenstrual, menstrual and postmenstrual phases:

In the days *immediately preceding* the menses we found moodiness and mild depression in 20 per cent. of the normal, in 32 per cent. of the psychoneurotic, in 56 per cent. of the manic-depressive, and in 16 per cent. of the schizophrenic women. We also found increased

irritability and tension, anxiety, derealization, depersonalization, insomnia and increased fear of pregnancy. Although some women denied any change of mood in the sense of even slight depression or elation, practically none described herself as calm or relaxed prior to the onset of the menses.

During the menses, the emotional reactions noted were that the pre-menstrual depression disappeared as if a heavy burden had been lifted, or sometimes even changed into a hyperactive, hypomanic state. On the other hand, pre-menstrual depression might remain or become more severe, developing into withdrawal. Insomnia might turn into sound sleep (Lhermitte). Some women stated that they never slept well except during their flow. A patient suffering from a manic-depressive psychosis reported that with the onset of her bleeding her mood always changed into the opposite of what it had been before.

Following the period, the patients often reported feelings of relaxation and elation, increased activity and excitability.

Statements concerning sexual reactions varied. Twenty-eight per cent. of all the cases reported increased sexual desire before their flux; 36 per cent. during menstruation, and about 11 per cent. stated that their sexual desire was strongest in the post-menstrual period. Some women reported not only a decrease in their sexual urge, but even disgust and repulsion at the thought of intercourse. Some frigid women showed an increase in desire, while others remained entirely unmoved. One patient reported that she experienced sexual desire only during menstruation, and on one occasion felt so overwhelmed by passion that, although a shy and inhibited girl, she resorted to intercourse with a stranger.

Some patients stopped masturbating with the onset of menstruation because of an assumed fear of harming or injuring themselves. Some masturbated only before and during their monthly flux, and others increased their masturbation during their monthly period.

It is also interesting to consider the varying attitudes towards bathing during menstruation. Although shower-baths have now been more or less accepted, a complete bath is still generally regarded as something to be avoided, for it is feared that it might cause sickness, infection, hæmorrhage, amenorrhœa, even consumption, and so on.

The majority of women reject intercourse during their menses, alleging the following reasons: it is not proper, it is messy, it might be harmful, it might lead to hæmorrhage, injury, or infection. Others are influenced by religious scruples. Another reason given is that the man might not want it on various grounds, such as that he might get smeared with blood and so might feel aversion for the woman. If we bear in mind the strict primitive taboo against intercourse, based on the belief that the bleeding woman could emasculate the man, make him ill or even kill him, we shall be better able to understand the rationalization common in our culture.

There is a significant relationship between menstruation and aggression. Aggression, due in great part to fear of castration, is most marked before menstruation, and, frequently, towards the end, with the additional features of sadism and masochism. A great many of the women studied began to feel irritable and tense, hypersensitive and hostile, some even becoming openly aggressive immediately *before* menstruation. The figures were: 40 per cent. normal; 76 per cent. psychoneurotic; 56 per cent. manic-depressive; 32 per cent. schizophrenic. One patient, an obsessive compulsive neurotic, said that she felt so hostile towards the end of her menstruation that she felt like castrating men as the only proper punishment for them; another experienced destructive impulses towards others and towards herself. We hear of women who in their increased hostility cannot refrain from beating their children.

As mentioned above, suicide in females frequently occurs during the monthly flux. As a defence against their powerful aggression some women become passive-masochistic and submissive, not only for the time of their period, but also for several days afterwards.

Some patients, especially schizophrenics, impressed us with their negative attitude concerning everything connected with menstruation or their sexual life. They denied any memory of their first or ensuing menstruations. They professed to have no changes of mood, tension, irritability and so on. Sex life, whether intercourse or masturbation, seemed unimportant to them. A total lack of emotional participation was the most characteristic feature.

Symptoms as the result of regression might be enumerated as follows: free floating anxiety, phobias, obsessive compulsive symptoms, anal and oral features, narcissistic attitudes and

uterus phantasies (as expressed in the wish to stay in bed and to be taken into the lap of the protecting mother, as well as in many dreams). What causes these different emotional reactions?

There have been attempts, particularly since Freud, to find the biological basis of our emotions. The first question we must ask is, whether a certain physiological stimulus creates in everyone at all times and in all circumstances the same psychological response, or whether the same physiological stimulus might create qualitatively different reactions in different people. The latter alternative would seem more probable—that the psychic reactions to a given physical stimulus vary as between individuals, and are influenced and modified by different specific factors, in part known, in part as yet unknown.

In the view of Benedek and Rubinstein, however, the same psychological response is called forth, assuming a rigidly fixed correlation between certain hormones and certain corresponding psychic phenomena which, according to them, can be figured out with almost optimum predictability. They claim that by means of psychological evaluation and laboratory tests they were able to determine, with practically no errors, the hormonal state of a woman, the amount of œstrogen or progesterone, the proportion of each, and so on. According to these authors, the preovulative phase with its rising tide of œstrogen is psychologically marked by 'strong heterosexual drives either overt or disguised, destructive trends, desires to injure or kill'. 'The preovulative tendency', as they put it, is 'to acquire the man'. After the ovum is on its way and has arrived in the uterus awaiting fertilization, progesterone prevails, and causes, as they claim, 'relaxation, passive receptive tendencies, and increased preoccupation with one's own body'. It might thus be called the hormone of the male reception.

The first difficulty which arises in regard to this theory is Zondek's statement that the œstrogen distribution and its timing is different and by no means as simple as Benedek and Rubinstein would indicate. Their formula is in effect too simple and too rigid. Further facts must be taken into account, facts which are responsible for the various complex reactions to menarche, menstruation and menopause.

Altman, Knowles and Bull, too, contradict the Benedek and Rubinstein findings, since they observed, during the post-ovulative phase and at the onset of menstruation, not relaxation and passivity, but outbursts of physical and mental activity.

We should much like to find an answer to the question whether the menstrual psychological reactions discussed above, which we might call the 'psychic menstruation', are determined in a simple manner or whether they have a more complex structure. What makes a given stimulus produce varied responses? Why do women show different emotional reactions to their hormonal production and to their periods? Is it due to the fact that the amount of hormone produced in different women varies, or is it caused by their differing emotional structures and personalities? If we assume that all hormonal production in women causes psychic reactions, it must then follow that every woman shows some psychic response to the hormonal shift of menstruation. In this connection it is important to stress the fact that all the women observed, even those who seemed mature and normal, showed psychological manifestations and somewhat pathological reactions to the monthly flux. Even the mature and normal became anxious, irritable, tense, aggressive, hostile, depressed, and so on. They, too, temporarily lost their seeming genital balance, though, being more mature and therefore more flexible, they regained their stability with less effort.

It can be assumed that the psychic picture of the hormonal upheaval in the menstrual cycle varies considerably, in accordance with libidinal development and psychological structure. The same amount of hormone may thus cause varying reactions in individuals of differing emotional make-up. A woman on the phallic level reacts to the hormonal shift more deeply than does one on the genital level. The further down the line we go in terms of libidinal fixation, the more traumatizing will be the monthly flux, and the greater the likelihood of serious symptoms occurring. Here the normal physiological cycle will be experienced more pathologically, either as sickness, a curse, or an event which might make the women not only tense and aggressive, but also depressed, withdrawn, fearful, suicidal, even criminal. It is dangerous for these women to regress to their pregenital stages of development, thus mobilizing forces which they cannot master easily, or sometimes for long periods of time.

As is known, during puberty total sexuality is increased, while its expression leads to

conflict. This, according to Fenichel, results in a powerful revival of those conflicts which existed at the time when the Œdipus conflict was resolved. The anxieties and guilt connected therewith are primarily responsible for the fact that in puberty the ego reacts with anxiety when facing instinctual demands. Fear of the new, unknown expressions of the instinctual drives makes the adolescent regress to old and more familiar ones. Sterba held that in puberty, although the sexual aim is similar to that of the adult, the objects are still unconsciously those of infantile sexuality. And Abraham, in his paper on the manifestations of the female castration complex, spoke of the first and each succeeding menstruation as reanimating the primary idea of the wound. In prepuberty we already find regressive trends and phallic defence-attitudes being used as an escape from the mobilized feminine genital wishes and the revived Œdipal desires (E. Jacobson).

The menarche is beyond doubt one of the most impressive experiences in a girl's life, incomprehensible in its magnitude—a climatic event in the course of a series of physiological and psychological happenings. But it is not the first sign of puberty. Preceding it, progressive female genital excitation storms against the protective walls built up during the latency period. The revived Œdipal conflict, incestuous desires and their rejection, fears and feelings of guilt, disconcert the young girl's ego and herald the great moment when she finds herself bleeding without seeing or being conscious of a wound. In spite of everything the girl may previously have heard, for example that menstruation is a sign of health and maturity, she cannot grasp this mysterious experience. She may try to explain it as having fallen or hurt herself, hoping in this way to pacify her fears. Helene Deutsch has attributed the girl's astonishment to her disappointment over the fact that the first menstruation brings no fundamental changes in her rights and freedoms. But more fundamental reasons must be sought. It might be the expression of bewilderment caused by increased and feminine sexual excitation and wishes, by increased desire for masturbation and by increased feelings of guilt, besides the other emotional changes previously mentioned. There is also another factor. The girl tries to hide her emotional upheaval and conflicts both from herself and from others, as if by ignoring them she could free herself from her pre-genital and Œdipal wishes. She acts as though blind, and is consequently shocked and surprised. Apparently such girls powerfully suppress a strong exhibitionism and voyeurism.

The shock experienced on the first bleeding is enhanced by the increased narcissism in the puberty phase when, according to Helene Deutsch, the narcissistic vulnerability of the body is most marked. It is also clear that at a time of physical change and development the body is overcharged with libido. The increased narcissism is also due to the immense castration fear resulting from the revived drives and wishes (Harnik). The fear of injury is great and the young woman is preoccupied with keeping her body intact. Here we see one of the reasons for the deep concern for the intactness of the hymen, which is supposed to serve as proof that castration has not taken place, or that the castration wound has entirely healed. Menstruation is the ' constant curse of Eve ' which may damage and destroy the integrity of the body, or, as the sign of damage to it, is a powerful re-experience of castration.

The many fears related to menstruation lead to a displacement ' from below to above ', and thus we find a libidinal overcathexis of hearing, smell, taste and skin sensations. The displacement from the genital to the upper part of the body is also seen in the vicarious bleeding of nose, gums, ears and skin. A castration which takes place on a part far removed from the genitals seems to lose a great deal of its danger. Here an old orthodox Jewish custom comes to mind: when the Jewish girl reported her first menstruation to her mother she received a slap on the face, in order ' to keep her free from harm '.

Another expression of the fear of young menstruating girls is described by Chadwick. These girls form clubs which only those who have started to menstruate can join. The members exhibit a kind of pride and superiority towards their younger friends who are excluded from the secret society. This pride probably serves to eliminate or counterbalance the castration fear and to prove to the menstruating girl that not only is she not inferior, but is actually powerful and independent. On the other hand, this pride and superiority might also be the expression of the successful solution of the feminine conflict and of the acceptance of the progressive feminine forces mobilized by the hormonal changes.

Another fear encountered in connection with

menstruation is that of soiling one's clothing, dirtying the seat, or losing control of urine and stools, just as the bleeding is not under control. The flux is here experienced as a new involuntary excretory function which serves to discharge foul matter (Bertram Lewin). This fear might also be a defensive mechanism replacing the fear of castration by a more acceptable one—that of elimination.

Irregularities of the menses (disregarding here those due to physical causes), as well as the more successful amenorrhœa, are attempts to escape the turmoil and frightening experience of the monthly bleeding. It is a denial of reality, and is to be found in neuroses as well as in psychoses.

Dysmenorrhœa—painful menstruation (if not due to physical disturbances) is seen mostly in the first days of the bleeding and is a very disturbing symptom, often described as severe abdominal cramps comparable to the pains of labour. The woman suffering from it feels so ill that she would like to, and often does, take to her bed as she would do in childbirth. As a result of her revived Œdipal wishes, menstruation unconsciously represents to her the delivery of an ' incestuous ' child and also the removal of the phallus.

One patient—an anxiety hysteric—suffered from intolerable menstrual cramps which aggravated her already hard life. She had been mistreated by a sadistic, jealous and aggressive mother who threatened her constantly with all kinds of punishment. This mother, enraged at her husband's affection for their daughter, degraded her whenever she could and imposed on her, among other things, a starvation diet. When the patient was invited to a friend's home for several months, she found herself free from pain, which did not recur even when she undertook hard work. On her return home, however, all her symptoms came back.

Each successive menstruation is a *repetition (with modifications) of the strong emotional experiences of the menarche and a revival of the same psychic reactions.* In every woman it means a cyclic return of the hormonally caused sexual excitation, which is normally genital, with corresponding drives, fantasies and wishes, and also of the revived Œdipal desires, with the reaction of fears, feelings of guilt and aggressions. The massive onslaught of the unconscious conflicts, the overwhelming wish to master the new forms of instinctual drives, which at the menarche already indicate normal feminine development, force the woman each time to repeat her search for defences. Unable to master the increased anxiety, the ego retreats, and adaptation is attempted at a more primitive level. Anxiety, according to Freud, instead of averting a traumatic situation, may induce it, and any unexpected emotional experience, such as fear of loss of love or of castration, blocks the ego's normal course and finally results in regression. Fenichel states that very intense threats or dangers may provoke regression, even in individuals possessing no strong fixations. Regression to earlier stages of development occurs in menstruation, as is apparent from the different symptoms already described. The defensive measures taken against the emotional disturbances occur even before the start of the bleeding, so that it can be said that the ' psychic menstruation '—as we might call the psychic picture of the menses—begins before the physical.

The ' psychic menstruation ' is, therefore, the expression of the defence against the emotional experiences of the hormonal shift. In addition to the predominant regressive features we find also isolation, denial and projection.

Earlier we noted that these dark clouds of irritability and depression often disappeared either with the onset or during the first day of the bleeding, and it was as though a heavy burden had been lifted. Sometimes indeed women greeted the start of the menstrual bleeding with joy and hyperactivity in a slightly hypomanic state, as if a danger had passed and dreadful expectations had remained unfulfilled. The responsibility of punishing the sinful ego by the super-ego has been taken over by nature, and thus an unbearable problem seemed to be solved.

The triumph of the ego, however, is not a total one. It cannot rejoice entirely, because it has become impoverished by losing large quantities of psychic energy in the struggle between the revived drives and the defences, and because of the feeling of another loss—that of castration. It tries to replenish and regain the lost penis. As a masochistic attempt, among others, to overcome the fear of castration, we find the transformation of the fear into the fantasy of defloration and rape.

The incapability of some women to cope with the hormonal shifts and their psychic experiences may lead to severe disturbances, such as schizophrenic episodes in puberty, or with the appearance of the menarche, and so on.

That the bleeding in itself is only a part of the disturbing complex is shown in the emotional elaboration and response to the deep-seated physiological functions before the menstrual bleeding proper starts, and also in the puberty cases described by Bleuler, in which twilight or schizophrenic states recurred *at regular monthly intervals*, instead of the expected menstrual bleeding.

The close interrelationship between psyche and body is also seen in some manic-depressive women who lose their menses when they become depressed and regain them with approaching recovery. We know also that menstruation disappears under emotional stress, as was reported from prisons by E. Jacobson, and from concentration camps by H. Bluhm (1948) and Paul Friedman. Sudden and unexpected menstrual bleeding can appear under great emotional tension, as, for example, on the wedding night (M. Balint), and at times also apparently contrary to any wish, as in a case described by K. Menninger.

Let us now consider some case illustrations. A patient of mine, a drug addict and severe hypochondriac, told me that although her friends had thoroughly forewarned her, she was horror-stricken and disgusted when she started to menstruate at the age of thirteen, and ran away from home. Even now, at the age of forty-one, she loathes and does not want to talk about her periods, which are always preceded by irritability, a tendency to distraction, and slight depression. Although lately menstruation has become irregular, the same sensations appear at the time it is due. She has a feeling of having accumulated dirty stuff inside, comparable to disgusting and evil-smelling bowel contents, and desires to rid herself of this. She considers her menstruation dirty also because of the fact that the blood leaves the body at the place where stools and urine are eliminated. Although consciously aware of the facts concerning menstruation, pregnancy and childbirth, she has remained vague on these subjects and attributed a three months' irregularity (pregnancy was excluded) as due to thoughts of unfaithfulness she had had, and was afraid to face her husband. She described her condition during that time as follows: 'I must look terrible inside, everything is dirty, I am heavy, constipated, swollen in the lower part of my body. I am full of water and have no sensation in my belly.' (The interesting symptom of depersonalization is found not infrequently in menstruating women.) Whereas she felt depressed before the bleeding and was anxious to free herself from nauseating material, with the onset of the flux she felt happy, elated and rejuvenated, as though new-born, and was filled with a sense of success. She became hyperactive, worked feverishly and went on shopping sprees, feeling a strong need to acquire new things as if she had to replace something she had lost. Besides freeing herself of a sinfully conceived child, menstruation meant also a loss of the penis—of the thing she wanted and needed to acquire anew.

Another married patient, an obsessive character, also went on spending sprees as soon as her menstruation had ended. She had the desire to be good to herself, to go to the beauty-parlour for facial massages and other cosmetic treatments. She wanted to buy jewellery and other pretty things. She said, 'I don't know where I am going on a day like this. I need something that gives me some philosophy or religion to look into the future again with confidence and hopefulness.' She spoke as if she had to restore her integrity, to repair and beautify her body. She reported that during the last few years approaching menstruation had always made her restless, and associated with it was the desire to have a child by a previous lover, which represented her Œdipal wishes. Menstruation was received with depression and represented particularly the loss of the wished-for child and also the penis; the body's integrity was destroyed; restoration was necessary as soon as the bleeding stopped. So another aspect might be that menstruation is felt by some women as a means of losing the unjustly retained penis, as a benevolent castration by nature.

Another woman, an obsessive compulsive neurotic, became very aggressive during menstruation. She requested visible and real signs of the analyst's affection, wanting to be actually loved. She could not at first grasp why her wishes were rejected and behaved irrationally for some minutes, banging the couch with her fists, yelling and behaving as if she were an acutely excited catatonic. She subsequently became quiet and depressed. When the analytic session was over, she immediately went back to her social work job which she performed very creditably. For two or three successive days she would show this disturbed behaviour in her analysis (but only

then), with great fear of castration. She needed love to neutralize her anxiety and aggression.

A patient, a virgin, who was a schizophrenic, developed an acute confused state during menstruation and showed marked fear of pregnancy. She begged to be taken into her mother's lap and pressed against her breast, to be pacified and reassured that no harm would come to her. She wanted to be treated like a baby and, as it were, to receive the breast and thus be protected against castration. She tried, like so many other women during menstruation, to force phantasy into reality (Chadwick).

It would seem that during menstruation women lend themselves more readily to day-dreams than in the intervening weeks. Although many of them know that there is no actual reason for retiring to the protecting and comforting shelter of bed, they long to do so, and sometimes actually take to their beds in order to give in to phantasies which take them into a far-off world, ruled and dominated by themselves. One of my patients, an anxiety neurotic, used to go to bed on the first day of her flux because there she could plan the whole month successfully. She felt she could escape all troubles and dangers while in bed, and when she got up again she believed her strength and ability had grown.

Some women reported that they concentrate better in the intervals between periods. They claim that while bleeding they are more easily distracted, given to flights of fancy and unable to think logically. Rituals and superstitions gained greater power at such times, and many women were unable to free themselves from the domination of obsessive thoughts and compulsive actions. Some of them knew they were out of 'control', but could not restrain themselves; their inhibitory apparatus did not function normally. Their judgment and knowledge, so painfully acquired, had changed and become falsified or even temporarily lost.

A certain sort of blindness towards one's own problems could be observed. Narrowing of the 'visual field' for one's own condition might occur. A lack of insight showed itself as a peculiar phenomenon. Many women did not recognize their rather typical and recurring pre-menstrual symptoms. They felt upset and confused each time anew, but remained incognizant, although the persons around them showed clear diagnostic understanding. The reduction of the ego-territory and the narrowing of the ego-boundaries as a result of the regression seems to be one of the characteristic phenomena in menstruation.

The tendency towards withdrawal from objects, as seen in menstruation, with the libido overcathexing the ego, frequently induces grandiose attitudes. These are often expressed in a masochistic over-valuation. For instance, some women say: 'Nobody suffers as much as a woman,' or 'We sacrifice ourselves for you men,' or 'No man could be hero enough to bear the discomfort and pain of "the curse".'

We have elaborated on the many different aspects of regression in menstruation. This can also be observed in the structure of dreams. One patient, for example, dreamt during her flux of having intercourse with her analyst while taking a shower, another of having intercourse with the analyst with herself in the position of the male. Another very dependent patient with severe asthma dreamt that she was at the seaside where she went into the water which enveloped her, giving her great pleasure and peace of mind. Her dream became frightening when she had to leave the ocean and found herself surrounded by broken glass and furniture. Menstruation in this case not only involved interuterine phantasies, but was also experienced as birth against the will.

Another patient dreamt two nights before her 'falling off' (a designation for the menses), that she was hanging over a precipice. She was terribly frightened of losing her grip and falling off. Her analyst was standing on top of the cliff. At first he ignored her pleas for help, but finally gave in and rescued her by taking her in his arms and to his home. She wanted to be protected like a baby and taken into the arms of her saviour.

Helene Deutsch has stated that we are confronted in menstruation, as in all other functions of puberty, with a conflict between progressive and regressive forces. The biological significance of the menses and the feminine genital wishes would thus be on the progressive side; a good part of the emotional reactions, on the regressive.

The degree of the *regression* in menstruation depends on the amount of anxiety and feelings of guilt and on the libidinal development. The higher the libidinal development, the safer and more stable is the latency growth. We may also assume that the more stable the latter, the less the degree of retreat. Thus, the more secure the basis of the personality, the less severe are

the defence measures necessitated by the onslaught of puberty and menarche.

We should, theoretically, expect that the entirely normal woman, after having reached the genital level, would remain emotionally undisturbed by her flux and thus not show any symptoms which result from regression. It would seem, however, to be too difficult for the larger proportion of females to advance fully to the height of genitality, owing to the difficulties of their development as outlined by Freud. Thus we see women who *seemingly* having reached the genital level will retreat at the time of their menstruation, even if only slightly, but their pliability enables them to rebound quickly to their normal state. Unfortunately, however, they are not in the majority. The woman who has not reached the genital level will, in proportion to her libidinal position, be exposed to a more severe trauma and regress to deeper strata. This means that a hysterical patient will show less regression than an obsessive compulsive neurotic, and so on. Those women experience anxiety and feelings of guilt due to revived wishes and phantasies which are more than they can cope with. In addition the bloody and terrifying experience of the first and following menses represents punishment and castration. The repetitive character of menstruation makes it hang over the heads of these women like the sword of Damocles. It seems to them particularly to be an eternal reminder that fate, nature, or our inner forces, our super-ego, has punishment in store if pre-genital wishes try to enter our ego and entrench themselves there. It is an endless reminder not to remain behind one's own actual development.

Here I would quote Freud's remarks about women in the menopause: 'It has been known to cause trouble to men that women often, after having lost their menstruation, change their character very peculiarly. They become quarrelsome and obstinate, petty and stingy, show typical sadistic and anal-erotic features which they did not show before.' 'We understand,' he continues, 'that this change of character corresponds to the regression of the sexual life to the pre-genital and anal-erotic level.' 'That anal sadistic level is thus not only the precursor of the genital phase, but often enough also the successor.'

Similarly, regression takes place during the menstrual period, and the symptoms which women exhibit when they experience deep psychic trauma to their concept of genital function represent a compromise between the progressive and regressive forces; they produce individual patterns of a temporary, short-lasting neurosis, which in some cases calls to mind, for instance, an obsessive compulsive type, and in others might bear resemblance to a miniature manic-depressive condition with wide mood swings.

Regression is also apparent in the primitive, irrational attitudes and superstitions, which bring to mind the primitive cultures with their taboos and regulations.

The retreat to earlier stages is not a single event but recurs anew each month for about thirty-five years. It is not surprising that neurotic or psychotic women show more severe psychic disturbances in connection with their monthly bleeding, as has invariably been found.

Summarizing, we can state that each menstruation leads to a regression; that women show *regular regression* or *regressions in cycle*, which expose them to danger, since every regression is a perilous event.

Although every woman is supposed to return to her previous point of balance when her menstrual period is over, not all achieve this without difficulty. Many are forced to use large amounts of psychic energy to help them rebound. Others are not always able to regain their former psychological status. These difficulties probably depend in part on the extent of the regression, and on the distance they must re-troverse in order to reach the point of departure, which, in turn is determined by the libidinal development of the individual.

(Received November 6, 1949.)

REFERENCES

ABRAHAM, KARL (1927). *Selected Papers on Psycho-Analysis.* (London: Hogarth Press.)

ALTMAN, KNOWLES and BULL (1941). *Psychosomat. Med.*, 3.

BALINT, M. (1937). *Psychoanal. Quart.*, Vol. 6.

BENEDEK, THERESE and RUBINSTEIN (1942). 'The Sex Cycle in Women'. (*Psychosomat. Med. Monographs.*)

BLEULER, E. and BRILL, A. A. (1939). *Textbook of Psychiatry.* (New York: Macmillan.)

BLUHM, H. (1948). *Amer. J. Psychotherapy*, Vol. **2.**

CHADWICK, MARY (1932). *Ment. and Nerv. Diseases Monograph Ser.*, No. 56.

DALY, C. D. (1943). *Int. J. Psycho-Anal.*, **24.**

DEUTSCH, HELENE (1944). The *Psychology of Women.* (New York: Grune and Stratton), 1946. (London: Research Books Ltd.)

—— (1932). *Psycho-Analysis of the Neuroses.* (London: Hogarth Press).

DUSSES DE BARENNE, D. and JIBBS, F. A. (1942). *Amer. J. Obst. & Gynec.*, **44.**

FENICHEL, OTTO (1945). *The Psychoanalytic Theory of Neuroses.*

FRAZER, J. G. *The Golden Bough* (1947).

FREUD, S. *Totem and Tabu.* Basic Writings. (New York: Modern Library.)

—— (1913). ' The Predisposition to Obsessional Neurosis ', *Coll. P.*, **2.**

FREUD, S. (1931). ' Female Sexuality '. *Collected Papers*, **5.**

—— 1932: *New Introductory Lectures.* (London: Hogarth Press; New York: Norton.)

FRIEDMAN, P.: ' Personal communication'.

HARNIK, J. (1924). *Int. J. Psycho-Anal.*, **5.**

JACOBSON, E.: Personal communication.

LEWIN, BERTRAM D. (1945). *Revista Psicoanal.*, **3.**

LHERMITTE, J. (1942). *Prog. Med.*, **70.**

MENNINGER, KARL. (1941). *Int. J. Psycho-Anal.*, **22.**

PELLER, S. (1935). *Wiener Med. Wochenschrift.*, **85.**

STERBA, RICHARD (1942). ' Introduction to the Psycho-Anal. Theory of the Libido ', *Ment. and Nerv. Diseases Monograph Ser.*, No. **68.**

VELDE VAN DE TH. H. (1928). ' *Die vollhommene Ehe.*' Leipzig: Med. Verlag.)

ZONDEK, B. (1941). *The Genital Functions and their Hormonal Regulation.* (Baltimore: Williams and Wilkins.)

SOME ASPECTS OF THE ANALYSIS OF A SCHIZOPHRENIC[1]

By HANNA SEGAL, London

In recent years an increasing number of psycho-analysts have begun to treat schizophrenic patients psycho-analytically, using various modifications of technique. I think, therefore, that the case I describe will be of interest since I have attempted to analyse a typical schizophrenic—with no doubt about his diagnosis—with only minor deviations from strict analytical technique. Especially, I took care not to step out of the rôle of the analyst who interprets, into that of an ally or an educator.

Edward was a diffident, over-sensitive child and adolescent. Very intellectual, over-ambitious, he was superficially well adapted to his surroundings but, in fact, completely withdrawn into himself and secretive to the point of obsession. Already, as a child, he was interested in biology and centred on it all his infantile sexual curiosity and his intellectual interests. He found another outlet for his emotions in daydreams, usually about idealised girls, the princesses whom he was going to win over from a terrible father or rival. At school he got on quite well. Somehow his personality seemed to fit the requirements of the old-fashioned public school. His difficulties went unnoticed by himself as well as by his teachers and schoolfellows. Within the limited field of his interests he was quite brilliant and won a scholarship to a famous college, first among many hundreds.

When at the age of 18½ he was called up, things became much more difficult. He was sent to India and went to an Engineers' OCTU, but could not cope with the training. He was very good at blowing mines, he says, but no good at all at building bridges. He failed to get his commission and was referred for six months. Then he started worrying obsessionally whether he should remain at the OCTU or resign in the hope of getting released sooner and being able to resume his studies. He became anxious, brooding, and showed signs of an approaching breakdown. Eventually, he resigned on an impulse when an officer called him a fool. But he could not bear being a private. He felt that he had lost control and was imprisoned. He admits to an overt sexual jealousy of officers; a private, he felt, did not stand a chance with girls. He became hypochondriacal and suspicious.

After a few months he was asked to work in a photographic laboratory, in a dark-room, and that seems to have precipitated a complete breakdown. It began with worry about his eyes going wrong. Then ever-growing delusions appeared, about Chinese plots to take power in India, about a biologist wanting to destroy the whole world, etc. He had his first aural hallucinations. At last he wrote a letter to his Colonel denouncing the biologist who wanted to destroy the world, and this led to his being put in a mental hospital.

There he seems to have gone to pieces completely. In his memories, the six months he spent in the various military hospitals are a horrifying jumble of delusions, nightmares, hallucinations, complete loss of feeling of identity, sense of time and place or any continuity in himself or in the world.

In the hospital notes I found little beyond brief descriptions of his being hallucinated, deluded, irrelevant, impulsive, etc. I know that he had two series of phrenosol injections which brought no improvement and that he had been at various stages diagnosed as either a hebephrenic or paranoid schizophrenic. When he returned to England he had been examined by an eminent psycho-analytical psychiatrist who diagnosed a rapidly deteriorating schizophrenia. All psychiatric reports gave him a poor prognosis.

I should like to stress that no other diagnosis than that of schizophrenia was ever suggested—since I shall have no time to deal with the differential diagnosis. And I shall add here that my account of this analysis may be misleading, as it is most important, especially when dealing with a schizophrenic, to link up phantasies with real events present and past. In my paper I

[1] Paper read at the meeting of the British Psycho-Analytical Society on June 1, 1949.

had to avoid many references which might have revealed too much of the patient's background. Also, as a result of the necessary compression of material, it may seem that the patient was very talkative, when, in fact, he was generally silent, except early in the treatment when he would occasionally become overexcited.

I saw him for the first time at a short interview in the military hospital. He was completely withdrawn, apathetic, extremely retarded, with a half-placating, half-foolish smile, out of keeping with what he spoke about. He was kept in bed because of aimless wandering and impulsiveness while in the ward. His only spontaneous contribution to the conversation was to ask me if London was all right, because India had become completely altered. I did not answer the question, but suggested he felt that he himself had changed and the world was changing with him. ' Yes,' he said, adding with emphasis: ' I have been changed.'

These two sentences gave me the first intimation of some of his problems. (1) He was afraid that the world was being destroyed. (2) He put a persecutory interpretation on what befell him (he had not changed, he had been changed). (3) He seemed unable to distinguish between himself and the world; his own destruction being equivalent to the destruction of the whole world. The lack of distinction between himself and ' everybody ' or ' everything ', together with the emphasis on change, remained characteristic of his attitude throughout the acute stage of his illness. He would say to me one day: ' Everything is being changed around. The hospital is quite changed,' and I would find out from his medical officer that some small alteration had been made in his (Edward's) room. Or he would come into the room coughing and say ' Everybody is coughing to-day,' on a day when another patient was taken to the sanatorium with T.B. When he had hallucinations, he felt that the voices he heard were ubiquitous. He would say ' All prisoners hear voices,' or, speaking of shock treatment, ' The doctors were so maddened by voices that they tried to stop them by killing the poor patients.' Obviously, he felt that his own hallucinations were in everybody's mind. At times the boundary between the internal and external world seemed completely obliterated.

After a few days in the military hospital his parents obtained his transfer to a private nursing home where I started a regular analysis of five hours a week. On the first session he showed no surprise at seeing me. He was excited, elated and had flight of ideas. He told me, in a disconnected way, about the terrifying things done to him in the hospitals by the mad doctors, and about the necessity of his being allowed out of this prison immediately. He hoped I would help him to get out. There was no question, at this point, of asking him to lie down on the couch or of explaining to him the nature of the treatment.

I did not interpret any of his delusions or hallucinations then, but pointed out how cut off and misunderstood he felt. I selected this interpretation because it was obvious that, though he was talking to me, I meant no more to him than a piece of furniture, so that his isolation was complete. Then he looked at me in a different way and said that all the prisoners felt like that and that prisoners in Germany sent him voices. On my suggesting that being in the hospital was like being a prisoner, and being like a prisoner meant to him being actually imprisoned, he seemed relieved and said it was so, but would I please keep it secret.

The significant point which emerged in this session was his equating of the notion of ' being like something ' and ' being something '. There was no distinction between the symbol and the thing symbolized. Later on, one day when he brought a canvas stool to a session he blushed, stammered, giggled and apologized in turn. He behaved as if he had offered me an actual fæcal stool. It was not merely a symbolic expression of his wish to bring me his stool. He felt that he had actually offered it to me. His inability to use symbols, which I interpreted to him repeatedly, was probably the greatest single difficulty throughout his analysis.

Melanie Klein describes the failure of symbol formation in schizophrenia in her paper,[2] but her patient's difficulty was not exactly the same as Edward's. Dick, a boy of four, failed to form symbols and therefore could not use speech and generally failed to develop. Edward did form symbols but he could not use them as mere symbols. Unlike Dick, he could transfer his interest from the object to the substitute symbol, for instance, from fæces to the canvas stool. Once formed, however, the symbol did not function as a symbol but became in all

[2] ' The Importance of Symbol Formation in the Development of the Ego.' *Int. J. Psycho-Anal.*, **2**, 1930.

respects equivalent to the object itself—so that the canvas stool was to him an object of shame and embarrassment, since he thought it really was a fæcal stool. In this he resembled another schizophrenic who, when I asked him why he did not want to play the violin any more, answered with a shrug, 'Fancy masturbating in public.'

The difficulty of forming or using symbols is, I think, one of the basic elements in schizophrenic thinking. This certainly is at the root of the concrete thinking described in schizophrenics. It accounts, probably, for much of the difficulty in understanding schizophrenic speech. When one says 'I don't understand what he is talking about' this may be literally true. He holds in his hand a violin but his speech refers to the penis with which the violin is equated in his mind.

Another frequent symptom which is largely dependent on the failure of symbol formation is the poverty of thought so often displayed by the schizophrenic. As I see it the mechanism here can be twofold: either symbols are not formed, as in the case of Melanie Klein's patient, and therefore interests do not develop, or, having been formed, they become equivalents instead of symbols, and, being endowed with all the anxiety belonging to the original object, they then have to be repressed or denied. The result is the same in either case: deprived of the use of symbols the intellect cannot develop and function adequately. Edward, before his illness, must have extensively repressed many of the symbols already formed, and he confined his interests mainly to biology—substituting the plant and the animal for the human body. During the acute stage of his illness the repressed returned with its characteristic equivalence of symbols and original objects.

After this digression I shall have to leave the subject of symbol formation, for it deserves a paper to itself, and return to my patient.

It is extremely difficult to give a coherent summary of the sessions we had at the Nursing Home. The material was disconnected, the patient's behaviour, reactions and speech were often not understood by me. Gradually, however, the picture became clearer. It seemed that the apparently disconnected material centred mainly around the two phantasies expressed already in his first hour with me: the phantasy of being in prison and the phantasy of himself and other people being changed.

Of course, the prison theme was not altogether a phantasy. One could hardly be more effectively imprisoned than is a mental patient in an old-fashioned military psychiatric hospital, especially if, like Edward, the patient has to suffer days or weeks of solitary confinement. But in addition to this important element of reality there was, in this case, a deeply ingrained spontaneous delusion of being imprisoned.

In his own view, Edward's illness started when he was given work in the dark-room, and the dark-room was already for him the equivalent of a prison. Being imprisoned meant to him being treated like a criminal or like a child. Or rather, he felt it turned him into a child or a criminal. Through the failure to distinguish between that which was thought of and that which was, being treated like a child meant actually being a child, and child was equated with criminal.

These two main themes—imprisonment and changing—were often interconnected. For instance, in the Nursing Home, where he was treated well, he complained of being given nothing to do or to think about, of being too much looked after and being given too much to eat. He felt as though he was nothing but a huge stomach, the limbs and head being irrelevant little appendages. He felt that all this thinking was done by his stomach, and that all this was due to his being imprisoned.

These phantasies were immediately followed by terrible anxieties about the world's food supply disappearing because everybody thought only of eating, and no one took the trouble to cultivate the earth and to plant new crops. Thus, imprisonment led to a change in him—he became a greedy child; and that, in turn, led to the world's food supply being exhausted and to the world changing. This phantasy was depressive in its contents: the baby greedily emptying the mother of food and babies and incapable of a reparative genital relation. But the feeling accompanying it was persecutory. He did not feel guilty or responsible in any way, because his greed was forced on him by those who imprisoned him. His anger, like his greed, could change and destroy the world around him. Imprisonment led to anger, and anger in turn made him into the child-criminal and led to imprisonment. The vicious circle was established.

Another important phantasy in which imprisonment and changing were connected was the phantasy of pregnancy. Usually when he

spoke of changes he described destruction, damage, ruin. Occasionally, however, he would present a different picture. Things were growing out of all proportion, becoming mysteriously and terrifyingly distorted. The vegetation of India changed, he said; it seemed to become enormous, luxurious, awe-inspiring. Clearly this referred to the mysterious changes in his mother's body during pregnancy.

A few months later, when I was analysing him in his home, these anxieties became much clearer. He told me that he did not remember the birth of his next sibling, but he had been told that he was very jealous. He remembered the birth of the next baby, when he was four, and remembered feeling very angry and jealous. His first impression of the baby was that it was very greedy and very naughty. Gradually it became clear that he had felt envious of both the mother and the baby, and that he identified himself with both. Whenever I interpreted that he would try to shift his ground and speak of his jealousy of either the father or the older brother. Earlier on, in the Nursing Home, he had reacted by increasing his feeling of persecution by male doctors.

My interpretations were felt to be actual castrations. For the wish to be a pregnant woman or a baby made him become a pregnant woman or a baby, and that implied his not being a man. It follows that interpreting such a wish to him meant castrating him.

In the pregnancy phantasy the change in the external world, the mother, led to a change in himself. He was both the pregnant mother, the big tummy full of babies—voices inside him—and the embryo imprisoned in her womb, castrated, helpless, all tummy and no limbs.

Of course, these phantasies and the links between them became clear only after months of analysis. From the start, however, some of his delusions could be recognized as phantasies familiar to every analyst. But I found that there was no point in interpreting them out of context. Edward's emotional life centred on the wish to be let out right away and on the fear of change and persecution. These feelings I had to bring into the transference, connect them with his phantasies and delusions and, finally, with his past. In trying to do that I met defence mechanisms of the most primitive kind: magic denial, splitting, and a series of rapid defensive introjections and projections.

In his changing world full of fear he needed one unchanging good figure and he tried to believe that I was this figure. But, to preserve this belief, he had to use all his defences. In the first place, he had to deny that I had anything to do with his being kept in hospital. If I frustrated him, he would deny the frustration and split me into a good and a bad figure. The bad figure would be introjected as hostile voices or reprojected on to the hospital doctors. In effect he felt acutely persecuted from within and from without.

Even the good figure was a very insecure possession. He could not love me, any more than he could hate me, for love would lead to dependence and dependence to hatred. Love itself was often felt to be wholly bad. Giving me his love could give me his illness. As a result, I could be good and safe only if he withheld both hatred and love. He often expressed this by saying he wished I did not come to the Nursing Home where the voices would change me—I was much safer outside. The Nursing Home represented himself and I could not be safe near to his madness. He could keep me good, but my goodness was of no avail, and his isolation was complete. His narcissism was a way of saving me from madness.

Whenever he gave me a chance, I interpreted to him his fear of involving me in his madness and the feeling of complete isolation when he successfully kept me out. His conscious fear of any change in me enabled me to bring into the transference some of his important phantasies. And, though he rejected most of these interpretations, subsequent work convinced me that they had been effective.

After three months in the Nursing Home he was sufficiently improved to go home. At our first session in the house of his parents he was full of rage and despair. He spoke bitterly of the parents, reproaching them with lack of warmth and cruelty. But the real cause of his despair lay elsewhere. Having equated imprisonment in the hospital with his illness, he had hoped to leave the illness behind in the hospital where it belonged. He found that the delusions, the hallucinations, all his illness in fact, had followed him to his own home and he was in despair.

He wanted reassurance. He wanted me to tell him that whatever was wrong was the fault of his parents and of the hospital. He wanted me to become his ally against the persecutors. I pointed out to him that he needed the reassurance so much because he was afraid that he was mad and that I was not an ally but the

enemy—the doctor. Now that he was home I remained the only obvious link with the hospital. In his unconscious I was equated with all the hospital doctors. In a way, we were alone with madness: it was either in him or in me. If anyone was driving him mad it could only be I.

I had to bring this situation into consciousness, to substitute a conscious suspicion of me for blind acting out. Had I not done so the unconscious identification of myself with the hospital might have led him to break off the treatment. Though he did not agree with my interpretations he did not reject them altogether.

This raises a technical problem about which there is considerable controversy: should the analyst reassure a very ill patient at a moment of crisis and when the patient is craving reassurance? I had not done so, and I feel strongly that it would have been a mistake to give in to the patient's wishes. By giving sympathy and reassurance the analyst becomes, for the time being, the good object, but only at the cost of furthering the split between good and bad objects and reinforcing the patient's pathological defences. The unconscious suspicion of the analyst is then not analysed but is acted out, and sudden reversals may occur when God turns into the Devil and the negative transference may become unmanageable. And even while the ' good ' phase lasts the progress of analysis is interfered with by the repression of phantasies about the ' bad ' analyst. Furthermore, whenever the analyst is artificially kept ' good ' someone else is chosen by the patient as the persecutor; usually a member of his own family, obviously much less adequately equipped than the analyst to cope with the patient's hostility.

After about three months' treatment at home, we decided that he should start coming to me for the analytical sessions. On his first visit he walked anxiously round the room investigating various objects there and asked questions. When I interpreted his anxiety and distrust, he—for the first time—did not deny them. He admitted that he was afraid that I might imprison him again. He thought for a moment, he said, that a bottle on my table contained poison and that the little ivory skulls on my mantelpiece might be the skulls of patients I had killed. But he also said that he knew it was not, in fact, true. I had never before seen him distinguish between delusion and reality.

A few days later he lay on the couch for the first time. He was extremely anxious and his body looked quite rigid, but he did go on associating. Lying down reminded him of the hospital where he was kept in bed and of childhood when being put to bed was a punishment. In his mind, bed and bad were equated; one was put to bed for having been bad and being in bed, in turn, made one bad. The humiliation and the frustration produced a rage which made him feel helpless against both the world and his own instincts. He remembered himself as a child in bed screaming in utter rage and despair. He freely acknowledged his fear that the same feelings might be reawakened on the analytical couch.

After that session some of the particular difficulties of this analysis disappeared. In the first six months of treatment my main concern, in a way, was to establish an analytical situation. At the beginning of the analysis the patient was detached from reality and unable to grasp the nature of the treatment. He appealed to me repeatedly to let him out of the hospital and would follow my footsteps when I was on my way out. He kept asking me to take him to the pictures or for walks, to arrange means of escape for him, etc. He was constantly demanding reassurance and, except at times when he was treating me ceremoniously, like a neutral visitor, he was extremely curious and inquisitive.

My aim then was to retain the attitude of the analyst even without the co-operation of the patient. To achieve that I had, first of all, to make him accept interpretations instead of the various gratifications he wanted, and to do it without appearing needlessly rude or cruel. I tried to show him in every interpretation that I understood what he wanted from me, why he wanted it at any particular moment, and why he wanted it so desperately. And I followed most interpretations of that kind with an interpretation of what my refusal had meant to him.

Edward was at that time a deeply regressed psychotic with a disintegrated ego and his behaviour was very infantile. Later, when he went home, he became more like a child in the latency period. He modelled in clay, remembered toys which his father used to make for him and tried to make similar ones. He wanted to make a flying machine for prisoners to escape, knowing, yet somehow oblivious of the fact, that planes had already been invented. Finally, he developed a great cunning in concealing his delusions and hallucinations.

That, in itself, was partly a sign of progress. He recognized that delusions and hallucinations were not shared by everybody, and that he would be considered mad if he did not hide them. But it made a new difficulty in the analysis: he began hiding things from me consciously and deliberately. At the same time he would fail to bring out material because of lack of connection in his mind. He could tolerate ideas which naturally belonged together without either repressing or linking them, and I was not always able to discover if he was genuinely unaware of any particular omission.

On one occasion, I remember, he became obsessed with the evil of money. He spent an entire hour speaking about it bitterly and vehemently. During this and the next hour I made several interpretations about his relation to money, but it soon became clear to me that there must have been an actual external cause which produced this outburst, and I told him that. He said he could not remember anything which would have made him think about money matters. I learnt subsequently, and not from him, that he had received a letter from the Army authorities concerning his pay; a letter which he considered very humiliating. On that occasion I am quite sure he did not consciously conceal from me the existence of the letter, but that he really failed to make a connection between the letter and his anger about money the next day.

In the sixth month of treatment the formal analytical situation was finally established. The patient lay on the couch, associated and, at least consciously, expected nothing from me beyond analysis. From that time on my problems were the same as those of the analysis of a neurotic, i.e. the analysis of the patient's system of phantasies and defences.

Edward's principal mechanisms of defence changed little. In particular this applies to splitting into an idealized and a persecuting object and to magic denial. For weeks he would co-operate in the analysis of some important phantasies and then say happily: ' Oh well, I don't think this can have anything to do with psychological reasons.' Unconsciously, he felt certain that by saying ' No ', he could completely abolish any unpleasant experience. An interpretation could always be either split off and isolated, so that it was tolerated in consciousness but useless, or magically abolished by a conscious or unconscious ' No '. I had always to follow carefully what he was doing inside himself with any interpretation to discover how far he was trying to invalidate it or do away with it.

The denial was often determined by failure of symbolization which, at this stage, took a different form than it did at the beginning of the treatment. Then, consciously and unconsciously, the symbol and the thing symbolized were equated. Now the unconscious equation remained unchanged, but consciously the symbolism had to be completely denied. A cigarette was a cigarette, and he would not accept that it might stand for a penis. For, if he accepted that, it would mean that he was actually sucking and biting a penis—which would be madness. In effect, nearly every phantasy had to be totally denied.

With time, however, the rigidity of his defences lessened and he gradually became capable of tolerating in his consciousness some phantasy and conflict.

Parallel with the analytic progress a marked clinical improvement took place. Towards the end of the first year of treatment all conscious delusions disappeared. Edward was in touch with reality, leading an apparently normal life, following a course at the university, working on some minor inventions and making himself useful in his country home. He was still preoccupied with phantasies about soil erosion, but now they gave rise to sublimations. He planted some very tall trees which had never before been successfully planted in this country. The planting and his later work on these trees (which he is still carrying on) was so successful that eminent biologists and experts in forestry write to him for information and advice. In this sphere he tried realistically to become the father with the biggest penis (the tallest trees) returning to mother earth the food taken from the breast and the destroyed babies.

His relationships were better, he felt, than before his illness. He complained only of a recurring noise which he called a ' buzz ' in his left ear, and of some difficulty of concentration. The improvement was in part genuine; but some of it seemed due to a magic denial of madness, and to a splitting off and ' encapsulating ' of his illness in the insignificant little buzz, strictly localized in his ear.

His sex life remained unsatisfactory. He started having sexual relations for the first time while in analysis and it was a great relief to him to find that he was potent. He became a great flirt, trying always to have many girls

to make love to and not to be dependent on anyone in particular. But he confined his sexual relations to prostitutes. In his mind he divided women into three categories: prostitutes to have intercourse with, girls of his own social sphere to flirt with and to tantalize, and the ideal woman whom one day he would marry.

I shall now describe two incidents which happened approximately eighteen months after the beginning of the treatment. They show some of the schizophrenic mechanisms still operating, and the way in which these mechanisms were modified by analysis.

The first of these incidents led to the only recurrence of 'voices' and, I think, might easily have brought a complete breakdown had the patient then not been in analysis. I have chosen this particular incident because it throws a light on some of the mechanisms of hallucinations. At the time when the patient was heavily hallucinated it was impossible to follow these mechanisms in detail. In his temporary relapse he reproduced them in a mild and manageable form.

Two relatives of Edward's mother, both men, died in quick succession. One, who had been ill for some time, died at the beginning of a week. The other died suddenly two days later—in the street on the way to an appointment with Edward's mother. Though he was very fond of both, he repressed all strong feelings and said that he was very sorry but not overwhelmingly so. His associations showed, however, that he identified himself with both of them.

The first relative had already come into the analysis in connection with his illness, and Edward admitted then to a strong identification and fears for his own health. When the relative died Edward omitted to tell me that it was the same man, obviously defending himself against the identification. He tolerated in his mind the thought of identification with his uncle's illness and of the latter's death without making any connection between the two. Edward was not going to mourn the uncle, he said, because the man had been a cheerful person and would not wish to be mourned. About the second relative, he said that it had been a kind death and he himself would wish for a similar one.

Underneath the superficial detachment there was the identification, brought about partly through guilt and fear of retaliation, partly in order to influence the dead by sympathetic magic. He was saying, in fact, 'If I had such a quick, kind death, I would not be angry; I would not persecute people with regrets and mourning. Therefore I am safe, the dead are not going to be angry with me and persecute me.' When I pointed this out to him he rejected the interpretation. Nor could he admit that he was afraid the death of the two men—rivals in relation to his mother—was a proof of his own omnipotence: that is, a proof that at any moment now his foremost rival—the father—might die.

During the week-end he attended an official function at his old school. He returned exultant. In contrast with his first visit, a year earlier, this time he had felt quite confident, free and happy. In the evening he had been out with a girl and was very pleased with himself. I interpreted his triumph in being young, strong and potent, while the fathers were old and dead. I pointed out to him his feeling that I, too, had died during the week-end which he had found so enjoyable.

On the following day (that is, about a week after the death of his first relative) he lay on the couch silent for a long while and then said violently: 'I wish that buzzing would stop.' At first he denied that the 'buzz' was worse than usual; he was merely expressing a general wish, he said. But after a while he admitted that, as he put it, the buzzing had become articulate. Slowly, and with many hesitations, he told me that he had been doing eye exercicises the day before and while he was counting them he had an echo in his head which counted together with him. During the session, apparently to illustrate a point, he counted aloud a number of times.

I shall not go into the details of the various defences and evasions, associations and interpretations. The picture which emerged was this: the counting stood for competition with his older brother in childhood, for control—keeping a check, for killing as in the childish 'counting out'. It could also be used as a reassurance that all the relatives were still alive and that all the limbs and members of his body were all right. Eye exercises stood for the wish to acquire omnipotent eyesight, so as to be able to see across the streets which separated our houses, and to watch me in sexual intercourse. We were here on the very familiar ground of sexual curiosity; that much he eventually agreed to.

As he went on to describe the echo it struck

me that the echo had a mocking quality. Edward accepted this interpretation with an unusual alacrity and seemed to find a great relief in becoming aware wherein lay the pervasive persecution of this voice. Then I made a more complete interpretation. I reminded him of the death of his two relatives, of his identification with them, his refusal to mourn them, and the triumph over them during the week-end. I suggested that, in performing eye exercises, he was watching the intercourse between his parents—he was killing the father or both parents, represented by the two relatives, by magic looking and magic counting; finally he introjected the dead and triumphed over them. But, apparently, they were not defeated; they came back to life inside him and mocked him, mocked, particularly, his magic looking and counting—the means by which, he thought, he had secured his triumph. This interpretation he rejected.

In the following session Edward said that the articulate buzz was still there and had said ' dreams, dreams '. When I told him that it was I who had become the internal voice and was nagging him for dreams, he recounted a dream of the preceding night. He dreamed that he saw four people playing a very fast game of which he did not know the rules—something halfway between tennis and squash. Then he saw in the distance two men advancing, one black and one white. As they came nearer, the white man became more and more brown and he grew a stubble on his face.

Edward's first association was that he could not play squash. But what intrigued him most was the white man turning brown. It made him think of two things: (1) that in a film he saw a white man was looking brown because of the way he had been photographed, and (2) of India, being brown with the sun and not shaving. The first reading of the dream made him accept the interpretations I gave in the preceding session. Watching the very fast game of which he did not know the rules, or knew them only in part (he could play tennis but not squash) meant watching intercourse. In his jealousy he felt he killed and introjected the parents, thereby changing them into fæces, i.e. the approaching figures of a man who is brown and one who turns brown—the two dead relatives standing now for the two parents. He made them brown by looking, i.e. photographing.

But the meaning of the dream does not end here. The white man turning brown was also himself; India always stands for his illness—the man turning brown represented the threat of an approaching breakdown. But the man was brown because of the way he had been photographed, which means that by showing Edward to himself in a bad light, by making him aware of his illness, I was magically making him ill. My evil-looking changed him into fæces, just as his own evil-looking changed the copulating parents into fæces.

This aspect of the dream gave us a link with the transference. As he tried to watch me in intercourse, while doing eye exercises, he swallowed me up with his eyes in anger and changed me into fæces. (He watches, they turn brown.) Then, as the internal voice, I started persecuting him from the inside (' dreams, dreams '). But reprojection occurs almost simultaneously. By looking he also filled me with fæces; then, in retaliation, I by looking both swallowed him up and changed him into fæces by introjection, and filled him with fæces by projection. So that, by looking at each other, we put the excrements—illness—death—into each other.

This was the last session of the week. On the following Monday, he came to me with a very swollen face and immediately started assuring me that he had only been stung by a bee. When I said that he must have thought me very anxious, to have to reassure me like that, he admitted that he did think I was anxious. He himself had had an excellent week-end. The buzz had disappeared and he felt very well. Obviously, he felt that he had projected the illness into me, so that he was free, but I became both the anxious and ill person and the external persecutor—the bee which had stung him and filled him with poison.

In Freud's view analysis meant essentially the analysis and resolution of a transference neurosis. Therefore he saw in the schizophrenic narcissism a factor precluding analysis. In the *Introductory Lectures* [3], speaking of patients suffering from the narcissistic neuroses, he says: ' They produce no transference and are, therefore, inaccessible to our efforts, not to be cured by us.' The later work of Melanie Klein on internal objects has shown that narcissism is a complex phenomenon. There is in every case a relationship to phantasied

[3] Allen & Unwin, 1936, p. 374.

internalized objects, and a state of narcissistic withdrawal can be approached in terms of a relation to internal objects.

In Edward's case, the object-relationship to the dead relatives broke down under the stress of anxiety and guilt. There came the splitting and introjection of injured and bad objects with the subsequent hallucinations and narcissistic withdrawal. But in the analytic situation, the patient experienced the internal persecution in the transference. My voice appeared in the hallucination, asking for dreams. Canalized into the transference situation, the process became accessible to analysis.

I have chosen the second incident to illustrate how the splitting mechanisms lead to idealization and persecution, and how the analysis of these mechanisms reduces the split and makes possible a more realistic attitude.

During a holiday Edward was interested in two things. He milked cows in his country home, and he practised sketching very quickly various items of botanical interest. He was very pleased with himself as he used to be very bad at drawing and had never tried milking cows before. He felt that when milking he was doing good; he was relieving the cow, providing milk for others and assuring himself of real fresh milk every morning. Sketching represented to him an attempt at keeping things inside him unchanged—a new achievement.

But his attempt to get the milk inside him and keep it good there was not wholly successful. A day or two after his return to London he developed a rash on his face, which he found embarrassing and extremely annoying. Simultaneously, he started working on the idea of sterilizing milk by ultra-violet rays, since he felt that it was impossible to keep the cowsheds clean enough to satisfy the requirements of health inspectors. Obviously he felt unconsciously that there was something hopelessly wrong with the milk, something that called for magic measures. When I interpreted this to him he admitted that he had thought for a minute that he got the rash by infection, when milking a cow with a sore udder. The happy picture of his milking gave place to a persecutory one: the breast was sore, the milk dirty, infected, his own inside poisoned, and the poison coming out in the rash.

After the situation had become clear to him he had a short, but extremely violent, dream in which he felt that he was torn open and, possibly, devoured—he did not know by whom or by what. He associated it with the fact that, in India, he had used a goat as a decoy for a panther. The panther tore the goat's belly open and devoured it, while he photographed the scene. He felt that in the dream he was like the goat. But the goat, which he threw to be devoured for the satisfaction of his own greed and ambition, represented the mother. Two things were telescoped here: his attack on the mother's breast—the cow's udder—and his later attacks on her body, caused mainly by curiosity and phallic ambition. He was identified with the attacked and incorporated mother (the goat).

After this analysis the rash cleared up. Two nights later he dreamed that he was imprisoned by the Russians and a young woman helped him to escape. He travelled with her on many trains—they had to change trains frequently because if they stayed too long on any single train they would be caught. He immediately associated the young woman with myself, and the Russians with any kind of persecution. I was helping him to escape from it. But when he spoke of Russia it became clear that the Russians also represented myself. The trains he had to change represented trends of thought. If he followed a trend of thought long enough he would be caught, that is, he would realize that his ideal object is also the object which he had injured, and the persecutor.

The dream also directly connected with his current sexual problems. The journey on the train represents sexual intercourse with me, but he cannot go the whole way with me—the longed-for vagina would turn into the dangerous and persecuting one. He cannot go the whole way with me the ideal love object, and he has to sleep with prostitutes, changing trains often lest they become dangerous.

Thinking about the cow led him to see that the milk he tried to obtain and keep inside had poisoned him. Thinking about the Russians made him see that I myself, who was to help him, had become the persecutor from whom he was escaping. This recurring situation in which the very best object turns out to be the most injured one and the worst persecutor was the deepest tragedy in his internal world. Throughout his life he had to 'change trains quickly', never to go deep into things or relationships, to remain superficial, cold and detached, lest the tragic situation should become conscious. Here, again, we see the long history behind the narcissistic withdrawal.

On the following session Edward was sad. He thought it might be because he was losing the ideal picture of the woman. But it appeared that his feeling of persecution was giving place to depression. He told me that an old servant was leaving on the same day. She had been kind to him when he was a child and he was sorry to lose her, and sorry that he had not always been good to her. Towards the end of the hour, he brought up the first happy memory of his childhood which he ever produced in analysis. At the age of two he had been transferred from the wash-basin to a real bath, and he had been thrilled by the experience. These associations showed that after the analysis of the splitting, the idealization and the persecution, he had become free to accept a real good object, a real good experience and real hope of growing out of babyhood.

The continued analysis of the splitting led to a gradual bridging of the gap between the persecuting and the idealized object. The process manifested itself in many ways. It showed in his dreams. The first dream he had in his analysis was of a panther in the central room of his home, and of his terror. A year later, he dreamed that there was a bullock in the hall; it was behind bars, but the bars could easily be removed, and Edward was more sorry for the bullock than frightened of it. Clearly the internal persecutor (in the last analysis, identified with his own instincts) became more genital and more manageable. Another effect was the general improvement of his relationships, including the transference. While he became freer to admit that in his phantasies I appeared in various persecutory figures, his relationship to me became incomparably more confident and warmer. I think he feels that he has found in me a friend, and if that is so, this is the first intimate relationship that he has ever experienced in his conscious memory.

There is, I think, no doubt that the diagnosis of schizophrenia has been confirmed by the analysis. The patient, though apparently recovered, is still psychotic in his defences.

The prognosis was relatively bad, in view of Edward's schizoid personality before the illness, and of his rapid deterioration. In his favour he had his youth—he was just twenty years old when the analysis started—and the short duration of his illness and of the psychiatric treatment (in this case, ill-treatment) which preceded analysis.

It will be seen that the analytical technique I used was different in many important respects from the technique used and described by the American analysts, particularly Frieda Fromm Reichman and Paul Federn. They hold that the analyst must not give interpretations that would introduce into consciousness any new unconscious material as the ego of the psychotic is anyway submerged by it. Federn, in his Psychoanalysis of Psychoses [4], writes: 'The question as to whether one should use for further analysis the unconscious material produced by psychotics is answered. It is dangerous to call for still deeper layers and to introduce problems into the patient's mind.'

I proceeded differently and I brought into consciousness new unconscious material whenever it was warranted. For instance, at the beginning of the treatment, Edward was very much under the sway of castration fears, which were much less repressed than is usually the case with neurotics. These fears did not diminish until I introduced new material into his consciousness. I had to interpret to him the underlying and entirely unconscious phantasy in which he identified himself with both his pregnant mother and her unborn child. His castration fear was partly a result of this phantasy in which he ceased to be a man and which his masculine self felt as a castration. The castration fear also acted partly as a blind; he forcibly drew my attention to his masculinity and the rivalry with his father and brothers to cover up his rivalry with me, the woman.

I found that in Edward's analysis, as in any other analysis, understanding and progress were achieved only by making the patient aware of what hitherto had been unconscious. The fact that many things are tolerated in consciousness by the schizophrenic must not blind one to the necessity of interpreting what is repressed. Schizophrenics, more than others, repress the links between different trends of thought. They often tolerate in their ego thoughts and phantasies which would probably be repressed in the neurotic, but on the other hand they repress the links between the various phantasies and between phantasy and reality and those links have to be interpreted whenever possible. Another important difference between

[4] *Psychiatric Quarterly*, **17**, 1943.

the neurotic and the schizophrenic is in the kind of material which becomes conscious by the return of that which is repressed, although this mechanism occurs in the psychotic and neurotic breakdown alike. The phantasies of the psychotic, especially of the schizophrenic, are far more archaic and primitive. But that does not mean that in the psychotic repression does not operate and does not have to be analysed. To take an instance: my patient produced consciously primitive phantasies of being poisoned, overfed or starved. These were not repressed, but what was repressed was the fact that these phantasies referred to his mother in the past and to me in the present, and secondly that they were believed by him to be largely the result of his own attacks on his mother: exhausting her breast so that it was empty and he would starve and poisoning her milk with fæces which would eventually poison him. Also, all these phantasies were a regression from later depressive phantasies which themselves were entirely repressed.

The delusions about being poisoned cleared up after those other unconscious phantasies were interpreted and connected with the conscious delusions.

The first important difference between the technique advocated by Federn and the one I used in this case is that I tried to analyse in this psychotic all the important resistances, and to interpret the unconscious material at the level of the greatest anxiety, much as I would do with a neurotic. The second important difference lay in the handling of the transference situation. Federn writes [5]: 'Psychotic patients offer the positive transference to the analyst; the analysts must nourish it as something precious in order to preserve their influence: transference is helpful in the analysis of underlying conflicts of the psychosis but a positive transference itself must never be dissolved by psychoanalysis.' And elsewhere in the same paper: 'The general conditions which should be considered in every psychoanalytic treatment: establishment of positive transference, treatment to be interrupted when transference becomes negative.'

I believe that this attitude must deepen the already deep pathogenic split characteristic of schizophrenia. I thought it worthwhile in the analysis of a schizophrenic to attempt that which Freud has shown to be the only way of attacking the roots of a mental illness; that is, not to strengthen the defence mechanisms of the patient but to bring them into the transference and analyse them.

In the early stages Edward's analysis differed from the analysis of a neurotic in that I had to go and see him in the hospital and later at his home, and that he did not lie on the couch. I never explained to him the basic rule, but from the start I maintained the analytic attitude; that is, I interpreted defences and material with an emphasis on the transference, both positive and negative.

Edward has been in analysis nearly three years. In his case this approach has proved possible and, so far, entirely rewarding.

(*Received February* 15, 1950)

[5] *Op. cit.*

OBITUARY

SUSAN SUTHERLAND ISAACS, *C.B.E.*, M.A., D.Sc.(Vict.), Hon. D.Sc.(Adelaide)

I

About twenty-five years ago readers of the sober pages of the *British Journal of Psychology*, and its equally sober advertisements, were somewhat startled to read in display type and edged with a border unlike anything before seen within its covers, the following notice:

WANTED—an Educated Young Woman with honours degree—preferably first class—or the equivalent, to conduct education of a small group of children aged $2\frac{1}{2}$–7, as a piece of scientific work and research.

Previous educational experience is not considered a bar, but the advertisers hope to get in touch with a university graduate—or someone of equivalent intellectual standing—who has hitherto considered themselves too good for teaching and who has probably already engaged in another occupation.

It continued in smaller type:

A LIBERAL SALARY—liberal as compared with research work or teaching—will be paid to a suitable applicant who will live out, have fixed hours and opportunities for a pleasant independent existence. An assistant will be provided if the work increases.

They wish to obtain the services of someone with certain personal qualifications for the work and a scientific attitude of mind towards it. Hence a training in any of the natural sciences is a distinct advantage.

Preference will be given to those who do not hold any form of religious belief, but this is not by itself considered to be a substitute for other qualifications.

The applicant chosen would require to undergo a course of preliminary training, 6–8 months in London, in part at any rate the expenses of this being paid by the advertisers.

Then in small type at the foot:

Communications are invited to Box No. 1.

On reading this extraordinary statement one's curiosity was divided between speculation about the personality of the advertiser and that of the individual bold enough to answer it. The advertiser was apparently a person of some wealth, for a full page advertisement with the same words and display format had appeared in *The New Statesman* (March 22, 1924) and perhaps in other papers; a liberal salary was offered for this educational adventure and time seemed not to be an object of consideration—' a preliminary training 6–8 months in London ', in part at any rate at the advertiser's expense. His attitude to current educational practice showed an indifference, or at least an independence not far short of impudence, and the suggestion that applicants might (when applying for a post to conduct the education of children) consider themselves too good for teaching was an invitation to professional suicide, for who henceforth would engage such a one to work with colleagues after making an admission of this kind?

The pungency of the advertiser's thinking allowed no one the indulgence of complacency, no apter comment on the muddled intellectual laxity of the post-first-war generation could be found than in the remark that an absence of religious belief would not by itself be considered a substitute for other qualifications.

Who was this man, and who took up his challenge? If it were only a matter of solving an interesting detail of biography the answer to these questions would merit a passing attention, but they lead in fact to a nodal point in educational history. Our understanding of child development was given new data and our attention was challenged by the vigour with which it was placed—almost thrust upon our attention.

II

What was discussed between Susan Isaacs and her husband before it was decided to answer this challenging advertisement is hardly within the province of this notice. In the biography of those who volunteer for a Commando raid it is not usual to inquire about the intimate considerations which promote the acceptance of such risks and which allow irretrievable steps to be undertaken. In a short while discussions began between Geoffrey Pyke, the author of that incisive advertisement, Susan and Nathan Isaacs and Margaret Pyke (Evelyn Lawrence

came to the school about two years later), and from those discussions the Malting House School, Cambridge, came into being. Pyke was a man of untrammelled imagination. Whereas with most people the movement of the mind is somewhat constrained by the habit of centuries and the custom of the multitude, with Pyke these facts neither slowed and constrained nor reactively stimulated the flow of his thoughts. To mention but one typical venture of his mind, during the Second War when Atlantic sinkings were considerable and the defence of convoys difficult, he it was who suggested unsinkable islands of ice and sawdust (kept from melting by enormous diesel-powered refrigerators) cruising slowly far out in the Western Approaches: such imagination and engineering insight is rare—it was typical of his sweeping grasp and bold planning. His teeming brain conjured up many such projects.

> I may thank my fortune for it,
> My ventures are not in one bottom trusted,
> Nor to one place; nor is my whole estate
> Upon the fortune of this present year.

But not so Susan Isaacs. What had she to lose by undertaking this piece of Educational Research? Her career had followed an academic tradition. After graduating at Manchester she became a Research Scholar in the Psychological Laboratories at Cambridge, then was lecturer in psychology in the Darlington Teachers Training College and later lecturer in Logic in her own University and during the First War was Tutor in Psychology in London University (Workers Educational Association classes). With such a career behind her she took a venture in an experiment which ignored convention and challenged nearly every prejudice. It was characteristic of Susan Isaacs to take the risk of such an enterprise, to sober down the extravagance of her fellow-workers and by great common sense and intellectual grasp of the essential issues to lead the venture to novel, practical and constructive projects and finally achievements. When the School's Prospectus was finally printed, it contained an imposing Advisory Board, the advertisement was by then forgotten—it is here brought to light again to show Susan Isaacs' skill in leadership—an extravagant idea was turned into a sober plan of action.

III

Now why was the Malting House School worth the risk and why did it reach its position of importance in the field of educational research? The answers probably centre on two points: first it was a *planned* experiment which was thought out in considerable detail before the work began though modified in the light of experience; and secondly it took cognisance of *phantasy* as a psychical experience of great importance in the developing mind and personality of the child.

The experiment was planned so that the children could choose their own educational milieu which included help from the teachers. The theory was that in an experiment of this kind it was first necessary to discover not how to teach the child but how far the child under the guidance of his impulses and with the tools of his intelligence and his body can go by himself in his own educational development. On this viewing the child was no lump of wax to be moulded but a research worker in need of material and equipment. It was as if the teachers were both the children's 'lab-boys', aiding them when asked, and their observers whose prime duty was to make their records unobtrusively without interference with the real work of the place—the pupils' own discoveries and experiences. She wrote: 'The school is, in my view, simply a point of vantage for the child in his efforts to understand the real world and to adapt himself to it. . . . It should be a place of shelter where the world is brought to him at a pace fixed by his needs and interests. . . . The school, the teacher and the teaching alike are simply a clarifying medium, through which the facts of human life and the physical world are brought within the measure of the child's mind at successive stages of growth and understanding.'

Such passive aims on educational observation had been entertained before, but it is probably true to say they had not been carried out with such intellectual thoroughness nor with such moral courage. These two qualities were present in about equal degree in the team running the school. It took most courage *not* to interfere with the child's investigations, *not* to educate him in the traditional way.

The detailed picture of the everyday life at the school need not be sketched here; what, however, may be emphasized is the beliefs held by the Malting House teachers concerning the nature and function of phantasy and play. 'Play' as Susan Isaacs wrote after her experience at this school 'is the child's means of living and of understanding life.' Again she

wrote: ' We held one of our tasks as educators to be that of counteracting the dramatic tensions in the child's mind; the only way to do this is to bring in the real world at every possible point. The way out from the world of phantasy is through the constant appeal to objective reality, to physical and social facts, and to interests and activities directed upon these. . . . The events of the real world are, indeed, often a joy to the child, as to us, just because they offer an escape from the pressure of phantasy.' One has to cast the mind back twenty-five years to realize that this was then a bold if not (in the teaching world) a revolutionary notion. It was revolutionary not only among educationalists, but even among analysts, for at that time some would have regarded play as the embodiment of an unstable shifting imagery of unconscious erotic impulses and not ' a means of living and understanding life '. The school endeavoured to give the child opportunity for imaginative play, free and unhampered by adult limits and teachings, and it recognized (as few teachers then did—or do now) that the child's own body is used for imaginative play since the child, owing to its immaturity and inexperience, has as yet so little skill in subordinating materials. Teachers may for their own understanding draw distinctions between phantasy and experience, and momentarily separate them, but the young child does not, and because the young child does not the research workers in the fields of education must plan their technique of observation accordingly. As these notions are too general for a research programme the matter was made more specific by regarding the master key to the child's development as the solving of problems, problems of skill, of seeing and understanding, of feeling and behaving in a social situation.

It is probable that her own childhood experience sustained the energy she gave to the school. Her mother fell ill of an incapacitating illness when she was four, and she endeavoured to find in the elementary school of her home town a refuge and a solace from the tragedy at home, but she soon became a rebel against its constraints and inadequacies. Her bitter disappointment in that school remained with her and provided some of the impulse to reshape not only her own life but school life generally.

IV

Soon after the Malting House School was started there arose in the vicinity, but independently, a discussion society which made the experience of personal analysis its major qualification for membership. It was a small group composed of two members of the Royal Society, three others clearly heading in the same direction, one literary person occasionally came and there was one nondescript member; all were graduates of Cambridge. A topic was taken at each meeting, announced beforehand, memoranda were sometimes circulated; the theme was outlined before lunch, discussed casually in the after lunch walk, seriously tackled before, during and after tea and brought to a close usually before but sometimes after supper. To one of these rigorous and rather select gatherings Susan Isaacs was invited. Let us see her as she came across the lawn on a bright autumn morning as the little company assembled—a sturdy figure in tweeds, a robust Lancashire girl; there was that in the vigour of her gait which put aside the fact that she was forty; she had a pale complexion, a chubby face with a mass of fair hair and bright hazel eyes. She was rather short, and she tilted her head, or rather it seemed she tilted her chin, as she spoke to these distinguished people; there was a challenge in that tilt, perhaps also there was a little mischievousness in her manner, but there was also a most visible friendliness; she was always ready for a chuckle. Seen across the lawn, brisking a little after the walk across the fields to the house where the meetings took place she was full of gaiety and sparkle—here was an occasion she was going to rise to, in fact she rose to the occasion in every discussion.

That day's discussion was memorable. She gave an account of the new educational ideas emerging from the work at the school. She spoke of the insight into the development of the ego there displayed and the very important part played by freedom for the children to speak of, to think of and to experience as part of their daily life the erotically tinged excitements and interests in their excretory and on occasion genital functions; the role of aggression in the social relations of the children was given a greater place than would have been usual among psycho-analysts at that time. Someone referred to the view that boys and girls in other, warmer climates, proved to be ineducable (in the scholastic sense) after puberty and that this was perhaps due to the fullness of their sexual freedom, so the question arose whether the freedom in this school might not have some of the quality of a ' pre-genital brothel ' and so

hinder the development of the cultural gains which are bought at the cost of erotic deprivation. Where would the energy for the sublimation necessary for cultural achievement come from if erotic satisfactions were not denied? Viewing this question a quarter of a century later the matter seems to have its chief interest in the theoretical formulations of that period (though the point is not finally settled yet), but to Susan Isaacs that question 'with its half truth', stuck, barbed like a fish hook, in her memory. She never accepted another invitation. But the school was in fact no pregenital brothel, indeed there was probably more sublimation of erotic energy in that place than in most of the schools for small children at that period: the difference between this school and others lay in the fact that the children could talk to their teachers about their erotic phantasies and relate them to other experiences and imaginings and the teachers would regard these inquiries as problems being solved *passim* by the pupils in their own and varying ways. One could sum up the situation in a phrase borrowed from an aphorism familiar at that time: 'Education is indivisible'—in other words if you treat one aspect of phantasy or experience in a different category from the rest of the child's life, if for instance you deny the place of erotic imaginings, the whole structure of education becomes distorted. In this unitary view of education the Malting House School was at that time unique, and the bold experiment (how bold we should not judge by its subsequent success) was justified.

V

Susan Isaacs in discussion was an intellectual delight. She was trained in the disciplines of psychology, logic, philosophy and psychoanalysis and used her experience in the acquisition of those disciplines to the full and all the time in discussion, but not pedantically, there was a readiness to see the funny side of what was being discussed (more of humour than of wit), but without a moment's relaxation of that tautness of mind which characterizes an able intellect in dialectic action. It is not possible to speak of her intellectual discourse without reference to her husband Nathan. To listen to the two of them in discussion was an experience that may be compared without belittlement to the æsthetic pleasure in watching a fine exhibition of ballroom dancing, the movement of their minds was in such close touch that it seemed as if a single figure moved in the intellectual scene, she skilled in philosophical method followed his sterner logic, he yielded to her more subtle psychological intuition. Her writings were really the product of both just as were his, each had a different field of speciality, but there was mutual influence.

To every discussion, to every question put by pupils (both educational and psycho-analytical) and in the answers to correspondence (under the name of 'Ursula Wise' she replied to parents' questions[1] in *The Nursery World* between 1929 and 1936) she brought the same verve. Though she did not suffer fools gladly, she was to an unusual degree forbearing with those who in their struggles with difficulties and problems seemed dumbfounded. With all this great considerateness she nevertheless was a rather cold person. We saw her as she came across the lawn to that gathering, the embodiment of vitality and a youthful challenge, when it was not a matter of clarifying an intellectual position but, as in clinical work, of yielding to a more passive receptive feeling into another person's mind it seemed as if the intellectual process came rather too quickly into operation, foreclosing the development of the relationship on levels of deeper feeling; she was accordingly more skilled as a psychopathologist than as a clinician, and at times her interest in particular psychopathological mechanisms hindered her appreciation of the whole problem of her patient's life. Her skill as a psychopathologist was considerable, her perception of 'mechanisms' was so acute that she could make do with only a small sample of a patient's behaviour and draw from it illuminating interconnections and psychodynamic inferences. This skill in using small samples was of course of great use in her supervision of students. She made up for a lack of originality in thought by clarity of conceptualization and persuasive exposition.

VI

It is now no secret that the Department of Child Development in the University of London

[1] 'To me she [Susan Isaacs] means lots and lots of unspanked babies and a lot more love in the world'—thus wrote one of her *Nursery World* readers. Besides the 'unspanking' she taught—no, taught is not the right word—she led parents to discover the joy of watching children develop at their own pace, thus she 'un-irritated' the parents and so reduced the children's anxieties.

was largely formed for her. In the ten years of her leadership there she brought into education a new light on the understanding of the child as an ever growing and always full and living personality. Generation after generation of teachers were stimulated by her lectures and inspired by her discussions and their daily task of teaching was henceforth transformed by her exposition of the child's mind—by a new introduction to children, for what she saw in her mind's eye she could instantly and vividly express in words and thus as it were she brought children to life in the classroom.

VII

Her gifts of mind contributed to two disciplines, those of psycho-analysis and education, and, since she was at all times a teacher, to psycho-analytical education in particular.

In the field of psycho-analysis her chief topic was the nature and function of phantasy. Her skill in dealing with this subject came not so much from a deep-going perception of the patient as a person but from a remarkably acute intelligence and one furthermore that was remarkably free from prejudices. Her training in logic and philosophy, in academic psychology and theories of education, all of which ministered to her catholicity in outlook, was used to the full in unravelling the subtle connections of a child's or adult's phantasy with their experiences—inner and outer. Her education also helped her to put her points with an intellectual persuasiveness. Her manner of presentation, always clear and logical, was at times prim as if she were a rather old-fashioned school mistress addressing an unwilling class, but this was only the tone or colouring, the verbatim content was without this element of strictly controlled condescension. Perhaps in the meetings of the Psycho-Analytical Society she may have been somewhat embarrassed by the presence of those who had claim to a higher flight of creative imagination than her own, for she was ambitious, and so being less at ease she allowed a somewhat dogmatic tone to intrude. Among students her lively spirits rose untrammelled, patiently she led them to understand (and through understanding helped to release a feeling for) the psycho-dynamics of unconscious processes. She had herself not skimped the requirements of psycho-analytical training. Though a full member of the Society before the Malting House School days, she took up the student role again, began a fresh personal analysis with controls under supervision of both adults and children in order the better to master her subject, and particularly to get first-hand practical and theoretical understanding of Mrs. Klein's new developments in technique and theory. In the exposition of these she was masterly; no one had greater skill in correlating the work of Freud to academic and general psychology, and all of these to the work of Mrs. Klein, than had Susan Isaacs. It *is* an advantage, after all, to be well educated! and a still greater one—especially for others—to keep the spirit of a student, ever reaching out for new ideas to blend into the currently accepted body of knowledge. She spoke to students both as a student and as a teacher; on this combination is good leadership in education based. Her service to the administrative aspect of the Institute of Psycho-Analysis was generous in time and effort and enriched by the experience of other institutions. (Incidentally she was the first non-medical member of the Committee of the Medical Section of the British Psychological Society.)

VIII

Her main contribution to current psychology was in the educational field both in the Institute of Psycho-Analysis and in that of Child Development. Her two great volumes *Intellectual Growth in Young Children* (1930) and *Social Development in Young Children* (1933) would not, however, have produced the results they did if they had not first been expositions of a psycho-analyst's mind in action in the educational field, and secondly had not been followed up by endlessly patient exposition to the most varied audiences of teachers and parents, and also Royal Commissions.

The teaching profession in the past showed an active reluctance to participate in the development of psychodynamic thought; the reasons for this are various. In the first place by profession they have to *do* something to children; it requires great self-confidence, humility and scientific zeal to learn something from them, it also means that the teacher is not afraid of discerning sympathetically, what goes on in his pupil's mind. A penetration of the defences of the infantile amnesia is a heroic task, the non-evasion of those defences while maintaining the attention of the listener is a subtle task. When the listeners are banded into a profession, as are teachers, the mutual support they receive in their institutionalized

defences is considerable. Knowing this, Susan Isaacs answered that advertisement and yet kept an even persuasive approach to her very numerous audiences of teachers and won many of them to her way of looking at the child's mind. Those who were not won were shaken and respectful.

IX

Psycho-analysis is thought by some to be a branch of the medical profession, though this can hardly be because of the welcome it received in the early days from doctors. Though the aims of the analyst in his consulting room, and not least his technique, are different from those of the teacher in the classroom, and though when the analysts speak in this way at all, they might refer to their own activity as a 're-education', nevertheless psycho-analysis does stand between the two professions of medicine and teaching in a way that no other discipline does, and can interpret the one to the other.—This was Susan Isaacs' supreme contribution to her times; it was this (though not thus explicitly stated in the *London Gazette*) which won her the *C.B.E.* The notion used to be prevalent among psycho-analysts that there was an inevitability about the opposition to their subject. The life and labour and skill of Susan Isaacs, employed in a field at first rather unsympathetic to psycho-analysis, has disproved this notion; to be thus successful it is necessary for the pioneer not only to know the ins and outs of the discipline that he is transforming but to feel that his audience is made up of persons who are tremendously worthwhile and that their own work and ideals must be fostered. She risked her future in answering that advertisement, but she made the future brighter for all educationalists by the singleness of purpose and generousness in helping them when she took both disciplines into her grasp.

X

It is not possible to speak of Susan Isaacs' life and work without referring to the way she faced her twelve years of struggle with cancer, submitting without wavering of spirit to the devitalizing bombardment of X-ray treatment, enduring exhausting anæmia and crippling spinal pressure as secondary growths invaded her body and bones in all directions. Seldom has a body been so widely battered and the spirit so unshaken. Our pioneers are indeed tough. As the years passed in this progressive devastation the hours of work and even social contact had to be husbanded with special care so that towards the end there was strength for only a few moments of intellectual vigour at a time—despite this her life was sustained by an unusual quality of *joie de vivre*. Such energy as remained was given wholly to the completion of her teaching and then to writing and revision on her great life work—psycho-analysis. Our pioneers are devoted.

J. R.

BIOGRAPHICAL DATA

Born March 24, 1885, daughter of William Fairhurst of Bolton, Lancs., and Miriam Sutherland.

Married 1st W. B. Brierley, 1914.
2nd Nathan Isaacs, 1922.

Educated: Bolton Secondary School, Universities of Manchester and Cambridge.

Graduate Scholar: Manchester, 1912. Resident Student Psychological Laboratories, Cambridge, 1912–1913.

Lecturer: Darlington Training College, 1913–1914.
„ in Logic, University of Manchester, 1914–1915.

Tutor: for Tutorial Classes in Psychology University of London, 1916–1933.

Psycho-analysis: elected Associate Member of British Psycho-Analytical Society October 13, 1921; full member October 3, 1923. Appointed to the staff of the London Clinic of Psycho-Analysis, 1931. Member of the Training Committee, 1944–1945. Member of Council, 1945.

Died: October 12, 1948.

BIBLIOGRAPHY

1916 'Authority and Freedom', *Parents' Review*, *17*.

1918 'Analysis of the Spelling Process', *J. Exper. Ped.*, *4*.

1920 'The Present Attitude of Employees to Industrial Psychology', *Brit. J. Psychol.*, *10*.

1921 *An Introduction to Psychology*. London: Methuen. New York: Dodd, Mead & Co.

1923 'A Note on Sex Differences from the Psycho-Analytical Point of View', *Brit. J. Med. Psychol.*, *3*, 288–308.
'Conflict and dream', *The Highway*, May, 1923.

1927 'Penis-Fæces-Child', *Int. J. Psycho-Anal.*, *8*, i, 74–76.
'The Function of the School for the Young Child', *Forum of Education*, *5*.

1928 'The Mental Hygiene of the Pre-school Child', *Brit. J. Med. Psych.*, *8*, iii. (Reprinted in *Childhood and After*.)

1929–1936 Under pseudonym 'Ursula Wise' replied to correspondence in *The Nursery World*.

1929 'Privation and Guilt', *Int. J. Psycho-Anal., 10*, ii and iii, 335–347. (Reprinted in *Childhood and After*.)
'The Infant's Mind in the First Year of Life', 5 articles. *The Nursery World, 8*.
'The Child's Conception of the World', *Mind, 38*.
Critical Review of Piaget, *J. Genetic Psychol., 36*.
'The Biological Interests of Young Children', *Forum of Education*, 1929, *7*, and 1930, *8*.
1929 *The Nursery Years*. London: Routledge.
1930 *Intellectual Growth in Young Children*. London: Routledge.
'What the Nursery School can do for Young Children', *The Highway*, February, 1930.
'The Psychologist in Child Welfare', *Mother and Child, 1*.
'The Experimental Construction of an Environment Optimal for Mental Growth', *A Handbook of Child Psychology*, edited by Carl Murchison. Clark University Press.
Health and Education in the Nursery (with Dr. Victoria M. Bennett). London: Routledge.
'The Humane Education of Young Children.' Report of the XIXth Annual Conference of Educational Associations, 1931.
'Love and Hate', *The Highway, 23*.
'Children's games and toys', *Maternity and Child Welfare, 15*.
'A Brief Contribution to the Social Psychology of Young Children', *J. de Psychologie*.
1932 'Some Notes on the Incidence of Neurotic Difficulties in young children', *Brit. J. Educ. Psych., 2*.
The Children we Teach. London: University of Lond. Press.
1933 *Social Development of Young Children*. London: Routledge.
1934 'Rebellious and defiant children'. (A public lecture delivered under the auspices of the Institute of Psycho-Analysis, first published in 1948 in *Childhood and After*, pp. 23–35.)
1934 'Property and Possessiveness'. (A symposium 12 xii 34, with Ian D. Suttie, Morris Ginsberg and T. H. Marshall.) *Brit. J. Med. Psych.*, 1936, *15*, i. 64–78. (Reprinted in *Childhood and After*, pp. 36–46.)
1935 'Bad Habits', *Int. J. Psycho-Anal., 16*, iv, 446–454.
The Psychological Aspects of Child Development. 1936: London: Evans Bros., and in *Yearbook of Education*, 1935.
1936 'Habit', Chapter in *On the Bringing Up of Children*, edited by John Rickman. London: Kegan Paul.
1937 *The Educational Value of the Nursery School*. London: The Nursery School Association of Great Britain; 1st edition 1937, 2nd 1938. (Reprinted in *Childhood and After*, pp. 47–73.)
1938 'Recent advances in the psychology of young children.' (An address to the Education Section of the British Psychological Society at the XXVI Annual Conference of Educational Associations, 1938. Reprinted from the report of the Conference in *Childhood and After*, pp. 74–88.)
1938 '"Safety First" Examined', *Home and School*, October, 1938.
1939 'Modifications of the Ego through the work of Analysis.' (A revised version of a paper read at a Symposium at the Joint Meeting of the British and French Psycho-Analytical Societies, Paris, April 30, 1939, appearing in *Childhood and After*, pp. 89–108.)
'A Special Mechanism in a Schizoid boy' *Int. J. Psycho-Anal., 20*, iii & iv, 333–339. (Reprinted in *Childhood and After*, pp. 122–128.)
1939 'Criteria for Interpretation' (Paris Psycho-Analytical Congress, 1938). *Int. J. Psycho.-Anal., 20*, ii, 148–160. (Reprinted in *Childhood and After*, pp. 109–121.)
1940 'Temper Tantrums in Early Childhood in their Relation to Internal Objects' (Paris Psycho-Analytical Congress, 1938), *Int. J. Psycho-Anal., 21*, iii, 280–293. (Reprinted in *Childhood and After*, pp. 129–142.)
1941 *The Cambridge Evacuation Survey*. London: Methuen. Edited by Susan Isaacs, S. Clement Brown and R. H. Thouless.
1942 *The Family in a World at War*.
1943 'An acute psychotic anxiety occurring in a boy of four years', *Int. J. Psycho.-Anal., 24*, i, 13–32. (Expanded version of paper read to British Psycho-Analytical Society, 1938; reprinted in *Childhood and After*, pp. 143–185.
1945 '"Notes on Metapsychology as Process theory": Some Comments', *Int. J. Psycho-Anal., 26*, i. 58–62.
'Fatherless Children.' In New Education Fellowship Monograph No. 8, edited by Peggy Volkov, reprinted in *Childhood and After*, pp. 186–207.
'Children in Institutions.' (A Memorandum presented to the Home Office Care of Children Committee, 1945. First published as a whole in *Childhood and After*, pp. 208–238.)
1948 'The Nature and Function of Phantasy', *Int. J. Psycho.-Anal., 29*, ii, 73–97.
Troubles of Children and Parents. London: Methuen.

Other Obituaries:
Nature, Vol. 162, 881. 4, xii, 1948.
New Statesman, 23, x, 1948.

WILLIAM HENRY BUTTER STODDART, M.D.,Lond., F.R.C.P., Lond.

A field of human activity such as psychodynamics, if it is to develop smoothly and satisfactorily, requires a fairly wide range of personalities amongst its pioneers; it is not necessary that each one should have all of those characteristics which favour the spread of the ideas, but such of the necessary characteristics as they possess must be pronounced and effective.

Stoddart was not a man of original thought, he did not, that is to say, alter the horizon of man's vision, but he was a man of courage, of good nature, of great clinical gifts and of utter common sense. Having these qualities he was able to give much to psycho-analysis in England at a time when such help was most needed.

In many respects he was not the kind of person one would associate with a pioneering spirit. He was placid, seemed to be lazy, he was fat, affable and always well dressed, he enjoyed good food, good wine (or rather champagne) and idle days on the river. He had a pleasant singing voice, enjoyed charades and organizing impromptu concerts and played the piano charmingly. Nothing was done to excess: he was good company (not 'extremely good company'), he wore his clothes with elegance but without ostentation; his cigar case, match box, cigar clipper, all of gold, even his diamond ring, were part of an easy existence and were engulfed and hardly noticed in the portly urbanity that was the essential Stoddart.

Now let us turn to the Biographical Data for the two decades preceding his great Morrison Lectures. They were twenty years of unbroken success, he seemed to have whatever he wanted and to get it without trouble. In 1915 he gave 'The Morrison Lectures' at the Royal College of Physicians, Edinburgh, on 'The New Psychiatry'. These made a furore and, as sometimes happens with furores, they made history. The Challenger—the pupil of Hughlings Jackson, the Lecturer in the Faculty of Medicine, London University, Professor of Psychological Medicine to the Royal Army College—could not easily be put aside.

At that time the Great War (it was not usually called the First World War then, because it was the War to End Wars) was at its height. Everything German was loathed, Von Recklinghausen's disease was ascribed, with some justification but without much humour, to Smith, even Majesty changed its German name.

Stoddart opened his series of lectures with reference to prejudice: prejudice against psychoanalysis, and prejudice against the acceptance of ideas arising in Central Europe. Quoting Ernest Jones' paper at the 1914 British Association Meeting he said that if our repressed mental material had free play every one of us 'would probably remain a selfish, impulsive, aggressive, dirty, immodest, cruel, egocentric and conceited animal, inconsiderate of the needs of others, and unmindful of the complicated social and ethical standards that go to make civilized society'. The Royal College was further embarrassed by a quotation from Hughlings Jackson's article in the June, 1894, *Medical Press and Circular* in which The New Psychiatry was foreshadowed: Hughlings Jackson pointed out that there is a positive and negative element in every case of insanity, the negation being defect of consciousness or loss of *some* consciousness, the positive being activity of the consciousness remaining (on a lower level). The activity at the lower level of mentation preserves from consciousness the recognition of the negative element. Stoddart then summarized Freud's theory of the Unconscious and the role of the Sexual Instinct in neuroses. This was enough for one day.

In the next lecture he outlined the technique of psycho-analysis and the choice of case for that therapy (we would put it differently now) and Freud's Theory of Dreams. Then follows an exposition of the neuroses and psychoses as seen by a psycho-analyst of those days. He ends with a personal communication from Hughlings Jackson, 'I suppose, Stoddart, that the end of the human race will arrive by the over-development of the brain at the expense of the testicles', which Stoddart transposed into modern speech, 'the end of the human race will arrive by the development of culture at the expense of the animal passions'. He ends these lectures with the words 'Let us hope that such a calamity may be averted!'

Attacks bounced off Stoddart; he assumed they would come, he assumed they would cease in time—he could wait. Meanwhile life was

pleasant, and his attackers were after all good fellows but mistaken. He did not want to reform the world, but if he thought a thing were true he said it as clearly and as tactfully as possible and left it at that. It was almost impossible to keep on being an enemy of Stoddart, and at a time when psycho-analysis was ill-received such a personality was, to say the least, useful to its establishment among the institutions in this country.

Despite his lazy mien and his enjoyment of the comforts of life he was willing—in his great modesty—to do the dreariest of tasks for the organizations he cherished: from its founding and for many years he was Honorary Treasurer not only of the British Psycho-Analytical Society, which was small, but also of the British Psychological Society, which was large and sprawled across the world. He said it was no trouble at all, a few minutes a day—he was a quick and accurate worker and as tidy with his books as in his dress.

A science needs pioneers who can alter the level of the horizon of man's thoughts, it needs exponents who can make the intricacies of the subject clear to others in their own language, and it needs men of good morale. Stoddart was good for our morale.

J. R.

BIOGRAPHICAL DATA AND BIBLIOGRAPHY

1868 Born April 19, son of William Stoddart, a surveyor. Brought up by his uncle, Mr. Butter of Woolwich.

1885 Educated at City of London School under the famous Mr. Abbott, Headmaster.
University College, London.

1893 M.R.C.S., L.R.C.P., House Physician to Frederick Roberts.

1894 M.B., B.S., London.

1895 Hughlings Jackson's Clinical Clerk, later Senior Resident Medical Officer at the National Hospital.

1896 Bethlem Royal Hospital as Clinical Clerk.

1897 M.R.C.P.
'Cerebral Localization', *Clin. J.* Lond., **10,** 243–249.
'An Experimental Investigation of the direct pyramidal Tract', *Brain*, Lond., **20,** 441–449.

1898 M.D. London, returned to Bethlem, assistant physician under Percy Smith, Hyslop and Maurice Craig.
'Certain Physical Signs in Melancholia', *J. Ment. Sc.*, Lond., **14,** 247–259.
Certificate of Medical Psych. Assn. Pathologist and A.M.O. Prestwick County Asylum.

1901 Sub-editor, *Medical Times and Gazette.*
Gaskell Gold Medal in Psychology and Psychological medicine.

1902 'Liquid air as a freezing medium in the Laboratory', *Lancet*, Lond., 1902, **1,** 1385–1386.
'A Case of Second Eruption in Vaccinia', *Brit. Med. J.*, Lond., 1902, **2,** 616.

1903 'The Evolution of Consciousness; together with a diagram illustrating certain homologies in the Nervous System', *Brain*, Lond., 1903, **26,** 430–439.

1904 'Motor symptoms of Mania and Melancholia; with a theory of their origin and of the origin of delusions arising in these Conditions', *Lancet*, Lond., 1904, **1,** 639–641.
'The Psychology of Hallucination', *J. Ment. Sci.*, Lond., 1904, **1,** 633–651.
'A Study of the Emotions', *Brain*, Lond., 1904, **27,** 509–521.

1905 'Recognition and Treatment of Mental Disorders in Private Practice' (Abstr.), *Med. Press and Circ.*, London, 1905, n.s.,**79,** 640.
'The Recognition and Treatment of Mental Disorder in Private Practice', *West Lond. M.J.*, Lond., 1905, **10,** 191–202.
Lecturer on Insanity, Polyclinic, Gower Street, W.C.1. Recognized teacher in Medicine, London University.

1906 'On Instinct: a Psycho-physical Study in Evolution and Dissolution', *J. Ment. Sc.*, Lond., 1906, **52,** 491–500.
Member of Faculty of Medicine London University.

1907 'Remarks on the Early Symptoms of Mental Disorder', *Brit. Med. J.*, Lond., 1907, **1,** 1101–1104.

1908 F.R.C.P.
Mind and its Disorders; a Text-book for Students and Practitioners, xvi, 488, pp. 9 pl. 8°. London: H. K. Lewis. (The same, xvi, 488 pp., 9 pl. 8°. Philadelphia, 1909: P. Blakiston's, Son & Co.)

1909 Married Mrs. Rosa Johnstone, Matron of Bethlem Royal Hospital.
'Some Remarks on the Instinct of Lying, with the Report of a case of "Pseudologia Fantastica",' *Westminster Hosp. Rep.*, Lond., 1909, **16,** 67–74.

1910 'Nervous Exhaustion', *Clin. J.*, Lond., 1910–11, **37,** 321–325.

1911 A Lecture on the Nature of Hysteria, *Clin. J.*, Lond., 1911–12, **30,** 225–229.

1912 'A Lecture on Hysteria and its Relation to Mental Diseases', *Clin. J.*, Lond., 1912–13, **40,** 257–261.

1912 'Case of Presbyophrenia; Alzheimer's Disease', *Proc. Roy. Soc. Med.*, Lond., 1912–13, **6,** Psychiat. Sec. 13.
'Presenile Katatonia (?Dementia Præcox)', *Ibid.*, 16.

1913 'Puerperal Insanity', *Clin. J.*, Lond., 1913–14, **42**, 189–192.
'Discussion on Sleep and the Treatment of Sleeplessness', *Brit. Med. J.*, Lond., 1913, **2**, 1208–1212.
'Case of Hypopituitarism', *Proc. Roy. Soc. Med.*, Lond., 1913–14, **7**, Electro-therap. Sec., 58–62.
'Case of (?) Anxiety Hysteria', *Proc. Roy. Soc. Med.*, Lond., 1913–14, **7**, Sect. Psychiat., 16.
'Case of Dementia Paranoides', *Proc. Roy. Soc. Med.*, Lond., 1913–14, **7**, Sect. Psychiat, 17.
'Case of Korsakoff's disease, with Systematized anæsthesia', *Proc. Roy. Soc. Med.*, Lond., 1913–14, **7**, Sect. Psychiat., 67.

1914 'Psycho-Analysis', W.H.B.S. *et al.*, *Brit. Med. J.*, Lond., 1914, **1**, 340.
'Clinical Lecture on the Curative Treatment of General Paralysis', *Med. Press & Circ.*, Lond., 1914, n.s. **97**, 330–332.
'Some Observations on Confusional Insanity', *Trans. Internat. Cong. Med.*, 1913, Lond., 1914, Sect. 12, Psychiat., pt. 2, 153–158.

1915 Lecturer in Mental Diseases, St. Thomas's Hospital and at the Westminster and Royal Free Hospitals.
The Morrison Lectures on The New Psychiatry. *Lancet*, Lond., 1915, **1**, 583–590. *Review of Neurology and Psychiatry*, Lond., 1915, **13**, 133–156, 191–214, 251–274.

1916 *Mental Nursing*. 98 pp. 8°. London: Scientific Press.
Examiner in Mental Diseases, London University.
Consultant in Mental Diseases, War Office.

1919 February 20, Inaugural Meeting of the British Psycho-Analytical Society—appointed Honorary Treasurer.

1920 'Paraphrenia', *Lancet*, Lond., 1920, **1**, 787.
'The Unconscious; its role in psycho-analysis', *Med. Press, and Circ.* Lond., 1920, n.s., **109**, 413.

1920 'Psychical Repression', *Lancet*, Lond., 1920, **2**, 1115.

1921 'A Brief Résumé of Freud's Psychology', *J. Ment. Sci.*, Lond., 1921, **67**, 1–8.
Treasurer British Psychological Society.

1922 'The Mental Factor in Visceroptosis', *Lancet*, Lond., 1922, **3**, 69.
'A Symbolism of Appendicitis', *Int. J. Psycho-Anal.*, **3**, 45. March 22.
'Role of endocrines in Mental Disorders', *J. Ment. Sci.*, **68**, 374–378. October 22.
'Psychic Origin in Organic Affections', *Encéphale*, **17**, 638–641. December 22.

1923 'Delinquency and Mental Defect', *Brit. J. Med. Psychol.*, Lond., 1923, **3**, 188–193.

1924 Founding Member of Institute of Psycho-Analysis.

1927 'Certification of Mental Patients', *Clin. J.*, **56**, 97–104. March 2, 1927.

1929 (W.H.B.S. *et al.*). 'Discussion on Prognosis and Treatment of General Paralysis of Insane', *Proc. Roy. Soc. Med.* (Sect. Psychiat. and Neurol), **22**, 29–68. April, 1929.

1930–1935 Institute of Psycho-Analysis: member of Council. (1930–1932: Library Committee.)

1933 Theophilus Bulkeley Hyslop (Obituary), *Brit. Med. J.*, **1**, 347. February 25, 1933.
Theophilus Bulkeley Hyslop, M.D., C.M,. M.R.C.P.E., F.R.S.E. (Obituary), *J. Ment. Sci.*, **79**, 424–426. April, 1933.

1940 Sigmund Freud (Obituary), *J. Ment. Sc.*, **86**, 190–192. January, 1940.

1950 Died April 5, 1950.

Other Obituaries of W.H.B.S. will be found in
The *British Medical Journal*, 1950.
The Lancet, April 29, iv, 1950.
The British Journal of Medical Psychology.
The Journal of Mental Science.

WULF SACHS, 1893–1949

The history of psycho-analysis in South Africa up to the present time has turned on Wulf Sachs, the pioneer, the only training and supervising analyst, the chief lecturer, and the founder of that Study Group, which will be the nucleus of the future Society in that country.

Wulf Sachs was born in Russia and, like so many who reached their twenties at the time of the War and Revolution, had a wandering life. The weary task of having to take his medical degrees in three countries, a duty shared by so many in the last decades, was lightened by the quickness of his wits and made tolerable by his zeal to participate as fully as possible in the professional life of the countries in which he settled.

When he set out to establish psycho-analysis in South Africa he began operations on a

broad front. He gave a series of lectures on the works of Shakespeare, Dostoievsky, Jacob Wassermann and South Africa's writer, Sarah Gertrude Millin and more slowly but with steady progression moved into, and also interested, medical circles in psycho-dynamics. These activities were enough to engage the energies of a man of ordinary capacity but Wulf Sachs was also active in the South African Zionist Federation, and despite his ever-vigilant criticisms was elected to the Executive Council. He founded and ran single-handed a Journal, *The Democrat*, which gave news and views usually omitted from the local press, chiefly about racial and economic questions, and when his teaching work became too heavy he turned that Journal into a non-profit making company.

He was an enthusiastic teacher, and—this does not always follow—he made a wide range of students enthusiastic too. He did not confine his attention to doctors but took on as his pupils social workers, speech therapists and others, and soon set going a small but keen 'Psychoanalytical Seminary' in Johannesburg.

A pioneer must have enthusiasm, endurance, good humour and a capacity to see the other person's point of view: these qualities Sachs had in unusual measure. If at times his enthusiasm somewhat outran his discretion or led him on long journeys and the raising of over-high hopes, this can be offset by the tremendous and infectious energy he put into the leadership of his group.

Sachs interests turned largely to social questions; he was certainly on the left wing of the political parties but was a firm supporter of the democratic method of government by discussion and persuasion and not that of compulsion. He had seen much political confusion in his time, in Petrograd and lastly in South Africa, and was less frightened of change than others who in the presence of political confusion had chiefly observed their own qualms. The conflict in himself between the thoughtful investigator and the revolutionary, though it may have enriched his personality, weakened his fervour as a revolutionary and blunted his perceptions as a scientist. But he who was so energetic was not in haste to make big social changes: he was an educator of the free, not a guide for slaves.

In all of his activities his life was without stint—in teaching, in music (his collection of records was among the best in the country), in ice-skating, in good food, good clothes, good yarns and bridge. He put more into fifty-six years than most put into seventy, and he made others feel young. With his passing his little group now feels rather helpless: with the loss of this representative of exuberant youth it is as if the responsible burden of age has suddenly descended upon them.

J. R.

BIOGRAPHICAL DATA AND BIBLIOGRAPHY

1893 Born in St. Petersburg.
1913–18 Worked in the Psychoneurological Institute of Pavlov and Bechterev.
1918–21 University of Cologne.
1921–22 Took London Medical Degree.
1922 Emigrated to South Africa.
1924 'The Psychology of Hunger', *S. African Med. J.* (July, 1924).
1927 'Thrombo-angeitis Obliterans.'
'Manoiloff Reaction in the Determination of Sex.'
1929–30 Analysis in Berlin. (In 1929 he saw Freud.)
1933 M.D. Thesis: 'Vegetative Nervous System in Dementia Præcox', based on work done in Pretoria Mental Hospital, 1927–39, 1931–33. (This thesis was published by Cassell in 1936 under the title 'The Vegetative Nervous System.')
1934 *Psycho-Analysis—its Meaning and Practical Applications*, with a foreword by Professor Freud. Cassell. (Based on a series of lectures given at the University of Witwatersrand.) Reviewed *Int. J. Psycho-Anal.*, 1935, **16**, 377.
Member of British Psycho-Analytical Society.
1935 First beginning of South African Psycho-Analytical Study Group, helped at first by Dr. Van Ophuizen: Dr. Sachs was alone in this work when Dr. Ophuizen left for America, later was joined for a time by Princess Marie Bonaparte.
1937 *Black Hamlet*. London: Geoffrey Bles. Reviewed in *Int. J. Psycho-Anal.*, 1938, **19**, ii., 251–252.
1946 Training Analyst.
1948 Lecturer and Instructor Boston Psychoanalytical Society and to the New York Psychoanalytical Institute.
1949 Lecturer in the Department of Social Science, Witwatersrand University. His first course being on 'Psychiatric Understanding.'
1949 Died June 22 of acute Landry's Ascending Paralysis after an illness of only three days.

In the early hours of dawn, every day without fail, year in year out, a young Captain in the Indian Army, whether on frontier duty in Baluchistan or on survey or in barracks, could be found writing out his dreams and, however distasteful it might be, forcing himself to write down his associations to the dream elements. This task was given priority among the day's duties in proportion to the painfulness of that task, which at times was severe, and the more painful, the higher the priority. For years on end he contended with his resistances to self-revelation for three or even four hours out of the twenty-four—two in the morning and as well as at night. Periodically he spent extra hours in reading over these records and drawing inferences from the patterns and sequences they presented.

The product of this desperate toil is contained in a few writings in our literature which have been collected, and will it is hoped, appear in book form. Whatever opinion our profession may entertain regarding his conclusions, they were certainly not the result of armchair musings, but were sweated from him in a struggle with almost unbearable ideas.

Of this work Ferenczi wrote (August 31, 1928), 'Your personal case shows—at least to me—quite clearly the great importance of the problem of menstruation for Psycho-Analysis. It must play a big role during the process of transformation of anal sadistic tendencies into genital ones. I share the opinion of Freud in regard to the value of your findings. . . . I will improve the next opportunity to talk about your letter with Professor Freud. . . . I am sure your work will sooner or later find the appreciation it certainly deserves.' But the recognition anticipated was slow and faltering.

Daly had but little clinical experience and though he could extract pieces of later work for use in his own theoretical constructions he did not grasp the general drift of newer formulations, thus he felt rather cut off from the free exchange of ideas in the gatherings of his colleagues and could not easily adapt himself to other than rather lengthy exposition. His own view of his own work, born of such long and painful labour, was certainly not slight, he saw the possibility of a new era opening for mankind and a change in the pattern of culture (the course of which he did not predict) if there were a new attitude to female genital tropisms. Perhaps he was right, but where disproof is difficult assertion has perforce to be cautious.

His method of work—it is now well known—made its appeal to the two great pioneers of our science, Freud and Ferenczi, who also laboured with pen and paper over their dreams through long and lonely hours. When external analytical help is inaccessible much can be done—but at what cost!—by self-analysis. Few, however, have the endurance and self-discipline to carry it through. In this case he had the privilege and the fortitude to make a beginning in a new direction of psychodynamic research; as a devoted and seldom encouraged pioneer we salute him.

BIOGRAPHICAL DATA AND BIBLIOGRAPHY

1884 Born February 25 in New Zealand, second son of Edward Daly, a New Zealand farmer, and grandson of General Sir Henry Daly.

1889 Parents separated and Claud left New Zealand; educated at Newport Grammar School.

1899 Volunteered for South African War, by exaggerating his age; he was accepted as 'boy clerk' but nevertheless got into the fighting. This action he said was prompted more by the thought of his grandfather, the General, than from the wish of his farmer-father.

1902–1905 Learned Nursery Gardening in England.

1905 Commissioned to Suffolk Regiment, later transferred to Indian Army (served in various Indian campaigns).

1914–1916 Served in France. Nervous breakdown. Had a few months analysis in London.

1917 Returned to India, married Gertrude Hogan. A son was born but died at the age of three. Owing to military service Daly never saw his boy and for more than a dozen years this loss lay heavy upon him.

1920 His mother died.

1921 'Numbers in Dreams', *Int. J. Psycho-Anal.*, **2**, i, 68–70.

1922 'A Simple *Lapsus Linguae*', *Int. J. Psycho-Anal.*, **3**, i, 46.

1924 (*circa*) First analysis with Freud. Daly sacrificing chances of promotion gave up one year in four to analysis in Europe. He went to Ferenczi in 1928–29.

1927 'Hindu Mythology und Kastrations Komplex', *Imago*, **13**, 145–198 (illus.).

1928 'Der Menstruations Komplex', *Imago*, **14**, ii, 75.

1930 (with R. Senior White). 'Psychic Reactions to Olfactory Stimuli', *Brit. J. Med. Psych.*, **10**, 81–87. (R.S.W. was only responsible for the entomological and pharmacological sections of this paper.)

'The Psychology of Revolutionary Tendencies', *Int. J. Psycho-Anal.*, **11**, ii, 193–210.

1931 'Zu meinen Arbeiten über die Weiblichen Tabu vorschriften', *Zeit. f. Psychoanal. Pädagogik*.

1934 'The Psychology of Military Morale', *Army Quarterly*.

His wife died.

1935–1936 Retired from the Army (with rank of Lt. Col.), went to Vienna for more work with Freud. Took some patients.

1935 'The Mother Complex in Literature', *Psychoanal. Quart.*, **4**, 307.

(Republished in *Samiska*, 1947, revised and expanded in *The Yearbook of Psycho-Analysis*, 1949.)

1938 Left Vienna for Paris.

1939 Air Raid Warden in London. In 1944 during a Blitz had the disappointment of seeing his correspondence with Freud on the Menstruation Complex and some of his own MSS. burnt in the Palace Hotel. Apart from this loss he enjoyed his active duties during the war.

1943 'The Role of Menstruation in Human Phylogenesis and Ontogenesis', *Int. J. Psycho-Anal.*, **24**, iii & iv, 151–169.

1947 Married Elenore Graefin Vetter von der Lilie.

1950 September 4. Had heart attack while bathing at Folkestone and died in the ambulance on the way to hospital.

(In 1930 after bathing in Lake Balaton he looked ill as well as cold and I gently told him he should not stay in so long. He turned the remark with the question 'Do you know anything about the meaning of drowning?' He went on to explain what he implied by 'meaning' in that context: does drowning, he asked, signify a return to the primal waters of the womb, is it the last expression of that first desire? Other bathers, strangers, took him from the sea at Folkestone, but too late for life, too early for that death.)

For future publication: Manuscript completed of two books: *Female Sexuality in Human Evolution* and *Psychic Reactions to Genital Olfactory Tropisms*.

J. R.

RUTH D. USHER, M.A.(CANTAB.), B.A.(LOND.), M.R.C.S., L.R.C.P.

The British Psycho-Analytical Society sustained a severe loss by the death of Dr. Ruth D. Usher in May, 1950. Dr. Usher had been a member of the Society since 1944, and in this short time had shown unusual ability both in scientific and executive work in connection with the Institute of Psycho-Analysis and the Society.

Her personality and mental equipment were characteristic of a group of British middle-class women born towards the end of the last century and privileged to be amongst the first women to receive a University education. The majority of women in this group were distinguished by character traits of integrity, independence and honesty combined with mental ability of a high order. The profound changes in the status and education of women and the social upheavals resulting from the two European wars have made this pioneer group of historical significance, and it can be regarded as transitional between the typical Victorian 'lady' and the average professional or business woman of the present day.

Ruth Usher was born in Bristol in 1891. She was the second of four girls and was educated at Clifton High School and Newnham College Cambridge, where she took a Mathematical Tripos in 1913. She taught in several girls' schools belonging to the Girls' Public Day School Company from 1913 to 1930, having taken a Cambridge Teachers Training Certificate in 1920. While taking her teaching certificate her interest in psychology was aroused, and in 1932 she decided to study psychology and took a B.A. Honours degree at King's

College, London with the specific object of becoming eligible for training in child guidance.

She was granted a Fellowship in Psychology by the Child Guidance Council in 1932, and it was during her work at the London Child Guidance Clinic that she became aware of the vital importance of studying psycho-analysis if she wished to deal with children's problems.

In 1935 she applied for permission to be trained to practise psycho-analysis and was advised to study medicine while she was taking her analytical training. At the age of forty-four therefore Ruth Usher undertook to qualify in medicine and to take the training of a psycho-analyst. She proved her ability and the strength of her purpose by qualifying as a doctor in January, 1941, and was elected as an associate member of the B.P-A.S. in September, 1942. Two years after this she read a paper on the psycho-analytical treatment of a child and was elected a full member in 1944.

Her unusual executive ability and the fact that the war had disorganized the administrative staff of the B.P-A.S. and the Institute of Psycho-Analysis gave her the opportunity of administrative office earlier than is customary in the history of most members of the Society and she was elected Business Secretary to the Institute and Society in 1944 and held the office until her death.

Those who worked with her on the Board of the Institute were impressed by her administrative ability and her unfailing tact and quiet tolerance in the many difficult situations which arose during the post-war reconstruction period. The work which she did was often behind the scenes and unrecognized by the Society as a whole.

Ruth Usher's greatest interest was in the psycho-analysis of children and particularly of those between the ages of three to six years. Her understanding of and skill in treating children of this age was not that characteristic of a schoolmistress but of a woman who had not lost contact with her own childlike imagination. She could enter into the child's play so that the child felt secure and uncensured. Had Dr. Usher lived longer she would have made her own contribution to our knowledge of the psychology of the child.

Apart from her academic successes and interest in psycho-analysis Ruth Usher had a wide knowledge of poetry and literature and a true appreciation of music and painting, with some executive skill.

Members of the Society will be conscious of the gap left in their community by the death of this rich personality whose presence gave satisfaction not only on account of her intelligence and charm but also because of the beauty of her fine face and the attractive picture which she always made.

S. M. Payne.

DR. TRIGANT BURROW

Dr. Trigant Burrow, who died on May 25, 1950, was one of the original group of eight who, in May, 1911, founded the American Psychoanalytic Association, and in 1926 served as its president. Although Dr. Burrow was actively interested in the aims of the American Psychoanalytic Association and was a frequent contributor to its programmes during the first twenty years of its existence, latterly he drifted further and further from psycho-analytic thinking and was no longer associated with the group which he helped to organize.

Dr. Burrow was born in Norfolk, Virginia, on September 17, 1875, and graduated in Medicine from the University of Virginia in 1899. He became a Doctor of Philosophy at Johns Hopkins in 1909 after extensive post-graduate studies at Universities in America and Europe. He devoted his interests from 1911 to 1923 to practice and research in psychiatry and psycho-analysis and from 1923 to 1928 to social psychiatry and the group method of analysis. After that time Dr. Burrow, as the Scientific Director of the Lifwynn Foundation for Laboratory Research in Analytic and Social Psychiatry at Westport, Connecticut, directed most of his attention to research in what he termed phylo-pathology—the modifications of behaviour induced through adjusting the organism's internal tensional patterns, also to

instrumental recording of these physiological changes.

Dr. Burrow was perhaps the first to experiment with therapeutic effects of group analysis, for he believed that in the isolation inherent in the dual relationship of analyst and patient one missed the impact of group stimuli. His research work led to the publication of many books, such as *The Biology of Human Conflict* in 1937, and *The Neurosis of Man: An Introduction to the Science of Human Behaviour* in 1949. As an experimental psychologist and investigator of social psychiatry Dr. Burrow sought with great originality, skill and perseverance to reconcile the strictly individual approach of psycho-analysis with communal psychological forces.

C. P. Oberndorf.

BOOK REVIEWS

Psycho-Analysis. By Edward Glover. (London and New York: Staples Press, 1949. Pp. 352. 15*s*.)

In this second edition of his book on Psycho-Analysis, Dr. Glover has brought up to date and expanded his account of basic psycho-analytic theory, first published in 1939 and reviewed in Vol. XI of this Journal.

The new edition includes a chapter on psycho-somatic and allied disorders, a further list of books for study, a glossary of terms and a short review of current modifications of psycho-analytical therapy.

Written for the use of medical practitioners, it aims at giving them a modicum of psycho-analytic understanding, so that they may recommend for suitable treatment patients who consult them with psychological problems and recognize mental disturbance underlying cases of stubborn organic illness.

The book divides into three parts, dealing with the theory of psycho-analysis, clinical psycho-analysis, and practical applications.

In the first section Dr. Glover introduces the theory of normal mental function, prefacing his observations with an outline of mental development in the first five or six years of life. He emphasizes the stress in terms of libido and ego development which accompanies this early phase of growth and underlines the causative part played in adult neuroses by childhood disturbances.

In the chapters on clinical psycho-analysis which follow, he proceeds to equip his reader with the etiology of different varieties of mental disorder.

Although his intentions are avowedly non-technical, Dr. Glover has not been able to avoid technical concepts altogether. Throughout the book he concentrates on the theoretical and meta-psychological aspects of his subject. Topographic, dynamic and economic viewpoints are given full consideration, while at the same time these are always related to total mental function.

This is a well-balanced and clear exposition with adequate basic concepts. It presents psycho-analysis as a diagnostic, therapeutic and research instrument. Dr. Glover, as he says himself, avoids controversial views and theories, his purpose being to acquaint the lay reader with the established views generally accepted among analysts. His account of the nuclear theory of ego-development, however, and the stress laid on affects, tension affects and discharge affects, give the book a personal note and deserve the interest of all analysts.

Dr. Glover goes rather far in his implications of what the practitioner should assess; among other things, the factor of accessibility to treatment of neurotic patients. This would be beyond the scope of most physicians. Again, it is difficult to imagine a hard-worked general practitioner finding time for the concentrated study which the book demands of him.

From the student's angle, Freud's lectures would give more aid in the way of preliminary introduction to the subject, as Dr. Glover himself would be the first to own; while for serious and detailed study, Fenichel's *Theory of the Neuroses*, although more elaborate, contains more clinical examples.

I am inclined to think that the book's ideal reader is the psychiatrist, whom it will help to orient himself for practical purposes. It provides in conjunction with knowledge a rapid survey which will be useful to those who teach specialist trainees and to junior or senior analysts.

Dr. Glover is at his best when he draws on his wide clinical experience; his clear arrangement and condensation of this is admirable. The wide scope of the book is at the same time an asset and a disadvantage, for a less comprehensive view might be more easy for the uninitiated reader to follow. It is a sound, scientific and practical work which can certainly be recommended.

S. H. Foulkes.

Ein Krankenbericht: Als tiefenpsychologischer Beitrag zum Problem einer geistigpolitischen Neuorientierung. ('A Case-report: A Contribution of Depth Psychology to the Problem of a Politico-spiritual Reorientation.') By Wilhelm Laiblin. Heidelberg: Verlag Lambert Schneider, 1949.

The treatment is based on C. G. Jung's teachings. The patient, a German soldier twenty-one years of age, came home from the war completely blind, and still with the typical Nazi mentality. The dreams of the patient form the main part of the material. His dreams are discussed with the dreamer and by a kind of re-education a complete change of heart and an adjustment to his physical condition is brought about.

What the author calls dreams seems to the reviewer a much censored, rehearsed and elaborated concoction of genuine dream-elements with conscious and preconscious thoughts. Scanty detailed knowledge of the dreamer's personal history and only few associations are needed for the dream interpretations. The collective, not the individual, unconscious captivates the interpreter's interest. Many of the interpretations are in the reviewer's view mere amplifications in the Jungian sense and not interpretations of the specific dream at all.

The collective unconscious as it emerges from these interpretations shows startling features. Throughout the unconscious manifests itself as the beneficial power and the guiding force behind the dream. It is spoken of as the ' anima-function ', as the ' personification of the unconscious whose responsible collaboration makes the thorough clarification of the problem possible ' (p. 90). ' In the dream the unconscious of the patient pursues his disenchantment with great determination.' On page 70 Laiblin claims the unconscious as ' the source of all enlightenment ' and at the same time as ' the seat and home of all inertia and backwardness '. But in the whole report we see little of this darker side of the unconscious.

The conclusions the author draws from his conception of the case are set out in the introduction to the case-report. He is led to the sweeping statement that ' what happened in Germany in the last twelve years could in principle happen to-morrow or the day after to-morrow in every culture of the earth, but the same thing was existent in more or less distinct tendencies, symptom-like, even before 1933 in the whole Western world ' (p. 12). No doubt the unconscious drives of peoples are not so very different, but differences in the mastering of such drives make all the difference in the world.

Hedwig Hoffer.

NEWS, NOTES AND COMMENTS

Congress. The date for the 17th Congress of the International Psycho-Analytical Association, to be held in Amsterdam (Holland) in 1951 has now been fixed for August 7 to 10. There will be an Evening Reception arranged by the Dutch Psycho-Analytical Society on August 6. Dr. Leo H. Bartemeier, President of the International Psycho-Analytical Association, has appointed an American Committee to arrange the programme. It consists of Dr. Phyllis Greenacre (New York) as Chairman, Dr. Ernst Kris (New York) as Co-Chairman, and of the following members: Drs. Lionel Blitzten (Chicago), Ives Hendrick (Boston), Maurice Katan (Cleveland), Karl Menninger (Topeka), Norman Reider (San Francisco), and Robert Waelder (Philadelphia) In addition the Dutch Psycho-Analytical Association has appointed its members of the Training Committee to augment the American Committee: Drs. van der Waals, le Coultre, P. J. van der Leeuw, Lampl-de-Groot, and Feith.

The programme, as at present envisaged, will provide opportunities for reading papers as well as for symposia. Papers offered by individual members will be read in the afternoon sessions. These papers will, as far as possible, be grouped according to topics. Each speaker will have 20–30 minutes at his disposal. The title and an abstract of the paper should be sent to the Chairman of the Programme Committee by March 15 (Dr. Phyllis Greenacre, 970 Park Avenue, New York City 28). The morning sessions will be devoted to symposia or panel discussions with selected contributors and opening discussants.

The business meeting will be held one morning, and the afternoon of that day will be reserved for recreational activities.

The organization of the technical side of the Congress has been entrusted to the Dutch Society who very soon will inform the members of the International Psycho-Analytical Association about reservations, etc.

Survey. A Research Committee on a Survey of Developments in Psycho-Analytic Theory, Practice and Teaching Methods in the past ten years has been set up by Dr. Leo Bartemeier, according to a decision taken at the 1949 Congress in Zurich. The following members of the I.P.P-A.A. have been appointed: Dr. E. Bibring (Boston); Dr. G. L. Bibring (Boston, Secretary of the I.P.-A.A.); Anna Freud (London); Maxwell Gitelson (Chicago); Dr. Edward Glover (London, member of the Swiss Psycho-Analytical Society, Chairman of the Committee); Dr. Heinz Hartmann (New York); Dr. Jeanne Lampl de Groot (Amsterdam); Dr. J. Leuba (Paris); Dr. Paul Kemper (Rio de Janeiro); Dr. Philipp Sarasin (Basle) and Dr. Gregory Zilboorg (New York).

American Psychoanalytical Association. The 1950 Annual Meeting of the Association was held in Detroit on April 28 to 30, 1950, under the Chairmanship of Dr. M. Ralph Kaufman, President of the Association. The following officers were elected: President-Elect (to assume office as President-Elect at the opening of the Annual Meeting in 1951, May 2–6, in Cincinatti, Ohio, and to become President at the opening of the Annual Meeting in 1953); Dr. Ives Hendrick (Boston); Secretary: LeRoy M. A. Maeder (Philadelphia); Treasurer: William G. Barrett (San Francisco); Councillors-at-Large (four to take office at the opening of the Annual Meeting in 1951 for a term of four years): Emanuel Windholz (San Francisco); Douglass W. Orr (Seattle, Wash.); Grete L. Bibring (Boston); Leo H. Bartemeier (Detroit). Dr. Robert P. Knight will assume the office as President of the American Psychoanalytic Association at the Annual Meeting, 1951, in Cincinatti.

Presidents 1950–1 of Branch Societies: Dr. Herman Nunberg was elected President of the New York Psychoanalytic Society; Dr. Roy R. Grinker President of the Chicago Society and Professor Erik H. Erikson President of the San Francisco Society.

The Society for Psychoanalytic Medicine of Southern California was recently formed and was approved by the Executive Council of the American Psychoanalytic Association. The first scientific meeting was held on June 12, 1950, when a paper on ' The effect of traumatic childhood operations on the integrative functions of the ego ' was read by the new Society's President, Dr. Milton L. Miller. (For list of members see the Bulletin of the I.P.-A.A. printed in this issue.)

The Philadelphia Association for Psychoanalysis was recently formed and was approved by the Executive Council of the American Psychoanalytic Association. (For list of members see the Bulletin of the I.P.-A.A., printed in this issue.)

The Ernest Jones Lecture, 1950, entitled ' Psycho-Analysis and the Problem of Æsthetic Values ', was given by Herbert Read, D.S.O., M.C., M.A., (Hon.)D.Litt. on Wednesday, November 15, in the House of the Royal Society of Medicine.

Anna Freud, LL.D. The Degree of Doctor of Laws (*honoris causa*) was conferred on Miss Anna Freud by Clark University, Worcester, Mass., U.S.A. on April 22, 1950. Dr. Heinz Werner of the Department of Psychology read the following citation:

'*Mr. President: On behalf of the Trustees and Faculty of Clark University I have the honour to present Anna Freud.*

'*Early in her academic life, Anna Freud became the close associate and aid of her father, Sigmund Freud. Her first scientific publication was presented before the Vienna Psycho-Analytic Society in* 1922. *Since then Anna Freud has published numerous books and articles on psychoanalysis. This scientific work has laid the foundation for current psychoanalysis and psychotherapy of children. Her later work on the ego and its mechanisms of defence is a monumental contribution to psychoanalysis and the psychology of the ego.*

'*Anna Freud, in* 1925, *Joined the faculty of the Vienna Psychoanalytic Institute of which she became president in* 1935.

'*When, because of political oppression, Anna Freud, along with her father, was forced to flee from Austria, she went to England where she continued her scientific work. Despite numerous offers from relatively safer parts of the world, she chose to remain in London during very trying years of the war and contributed greatly to the war effort. She founded a rest centre for bombed-out children which served as a model for many other centres organized in that country. Her experience, deepening our understanding of children, has been recorded in various books and scientific papers.*

'*On the occasion of Clark's Twentieth Anniversary in September,* 1909, *the work of Sigmund Freud, in the founding of Psychoanalysis, was recognized by this University by conferring upon him the honorary degree of Doctor of Laws. It is eminently fitting that on the occasion of the celebration of the Sixtieth Anniversary of Clark University, we should honour Anna Freud, eminent psychologist, who has creatively extended her father's work in psychoanalysis.*

'*In recognition whereof—on behalf of the Faculty and Trustees of Clark University, I request that the degree of Doctor of Laws,* honoris causa, *be conferred upon her.*'

During this visit—her first to the U.S.A.—Dr. Anna Freud delivered lectures in New York, Stockbridge, Cleveland, Boston (at Harvard University) and in Detroit where she participated in the discussion of the Committee on Childhood and Adolescence of the American Psychoanalytical Association. Anna Freud was elected an Honorary Member of the American Psychoanalytic Association.

British Psycho-Analytical Society. At the elections, July, 1950, on Dr. John Rickman's retirement after serving his term of office, Dr. William H. Gillespie was elected Chairman of the Society and President of the Institute of Psycho-Analysis, London), Dr. D. W. Winnicott was elected Training Secretary, Dr. M. Balint Scientific Secretary, Dr. M. Little, Business Secretary. Other members of the Council are: Mrs. H. Hoffer, M. R. Money-Kyrle, Dr. Sylvia Payne, Dr. W. Clifford M. Scott (Director London Clinic of Psycho-Analysis) and Dr. W. Hoffer (Editor of the Journal). The newly elected Training Committee consists of: Dr. W. H. Gillespie, President; Dr. D. W. Winnicott, Training Secretary; Dr. M. Balint; Miss Anna Freud; Dr. W. Hoffer; Mrs. Melanie Klein, Dr. John Rickman.

International Psycho-Analytical Library. In the past months the following books have been published: (1) A new translation of James Strachey of Freud's *Beyond the Pleasure Principle*. (Volume 4 of the Library.) (2) *Collected Papers*, Vol. V, by Sigmund Freud. This volume comprises miscellaneous papers written between 1888 and 1938. (Volume 37 of the Library.) (3) *Further Contributions to the Theory and Technique of Psycho-Analysis* by Sandor Ferenczi. Compiled by John Rickman. Second Impression with a Bibliography in English brought up to date. (Volume II of the Library.) (4) *Collected Papers on Psycho-Analysis* by Ella Freeman Sharpe, containing papers on technique, theory and literary interpretation. Edited by Marjorie Brierley with a Preface by Ernest Jones. (Volume 36 of the Library.) (5) *The Psycho-Analytic Reader. An Anthology of Essential Papers with Critical Introductions*, edited by Robert Fliess. (Volume 38 of the Library.)

Appointments. Members of the London Institute of Psycho-Analysis recently appointed to do part-time service within the National Health Service:

Dr. M. Balint (Consultant Psychiatrist to the Tavistock Clinic; special duties: research into the treatment of psycho-somatic disorders with group methods).

Dr. H. S. Foulkes (Consultant Physician to the Bethlem Royal Hospital and the Maudsley Hospital).

Dr. H. A. Thorner (Consultant Psychiatrist—part time—with duties of a Director of Research and Clinical Development, at the Cassel Hospital for Functional Nervous Disorders, Ham Common, Richmond, Surrey).

Dr. Eric Wittkower, an Associate Member of the British Psycho-Analytical Society, has accepted an appointment as Assistant Professor of Psychiatry, McGill University, Montreal, and as Attending Psychiatrist, Royal Victoria Hospital, Montreal. Dr. Wittkower will take up his new University and Hospital duties (which will be part-time) early in 1951.

The Second Italian Congress of Psycho-Analysis was held in Rome from October 21 to 23, 1950.

Microfilms of Volumes 1–31 *of the International Journal of Psycho-Analysis* are now available for sale. Enquiries should be addressed to The Secretary, Institute of Psycho-Analysis, 96 Gloucester Place, London, W.1, England.

The International Congress of Psychiatry was held in Paris from September 18 to September 27.

Evolution and present Trends of Psycho-Analysis were discussed at a plenary session of the Congress on September 26

Dr. Franz Alexander (Chicago), Miss Anna Freud (London), Dr. Maurice Levine (Cincinnati) and Dr. Raymond de Saussure (New York) opened the discussion in which Mrs. Melanie Klein (London), Dr. W. Clifford M. Scott (London), Mme. Marie Bonaparte (Paris), Dr. Jacques Lacan (Paris), Professor Daniel Lagache (Paris) and Dr. Benassy (Paris) took part. The discussion was continued at a meeting of the Section devoted to Psychotherapy, Psycho-Analysis and Psychosomatic Medicine on the next day.

The section just referred to held two debates on Group Psychotherapy and the psychogenesis of somatic manifestations and symposia on the following subjects:

1. Psychodynamic diagnosis data with stomach ulcer patients.
2. Psychotherapy of Schizophrenia.
3. Psycho-analysis and awaken dream technique.
4. Possibilities of Psychotherapy and Psycho-Analysis in Hospital set-up.
5. Hypnotherapy.
6. Psychotherapy of Homosexuality.
7. Psychotherapy of Obsessional Neurosis.

Berlin Psycho-Analytic Institute. A small group of Berlin members of the Deutsche Psychoanalytische Gesellschaft has now taken the initiative and is organizing a German Psycho-Analytical Association. Its sole aim is to revive the activities of the former Berlin Institute and it will seek admission as a Branch Society of the I.P.-A.A.

The British Journal of Delinquency. The first issue of the quarterly *British Journal of Delinquency* was published in July, 1950. It is published as the official organ of the Institute for the Study and Treatment of Delinquency by Baillière, Tindall & Cox, 7 and 8 Henrietta Street, London, W.C.1. Annual subscription 27*s.* 6*d.* post free (U.S.A. $4.00), single copies 7*s.* 6*d.* net. The Editors (Edward Glover, Hermann Mannheim and Emanuel Miller) state that their primary aim is that the Journal will enable students of criminology to keep in touch with recent developments in the various branches of science concerned with the investigation, treatment and prevention of delinquency. The main articles in the first issue are: Sellin, Thorsten: A Note on Capital Executions in the United States. Roper, W. F.: A Comparative Survey of the Wakefield Prison Population in 1948 (Part 1). Schwarz, Hedwig: Dorothy: The Psycho-Analysis of a case of Stealing. Kinberg, Olof: The Criminological Institute of the University of Stockholm. Meng, Heinrich and Reiwald, Paul: The Prevention of Delinquency. Scott, P. D.: Public Opinion and Juvenile Delinquency. Baan, P. A. H.: The Dutch Prison System: A New Psychiatric Observation Hospital.

British Journal of Sociology. The first issue of the new *British Journal of Sociology* was published in March, 1950. The aims of the Journal are to provide a medium for the publication of: (*a*) Original researches in the various fields of Sociology, Social Psychology and Social Philosophy; (*b*) Critical studies or discussions in the various fields of enquiry; (*c*) Surveys of developments and literature in specific fields; (*d*) Book reviews. It is edited by Dr. Morris Ginsberg, Martin White Professor of Sociology in the University of London, Dr. D. V. Glass, Professor of Sociology in the University of London, and Mr. T. H. Marshall, Professor of Social Institution at the London School of Economics. The Journal will be published quarterly by Routledge and Kegan Paul Ltd., 68 Carter Lane, London, E.C.4, for the London School of Economics—single copies 10*s.*, or by an Annual Subscription of 30*s.*, post free, which is payable in advance.

BOOKS RECEIVED

Collected Papers, Vol. V. (Miscellaneous Papers, 1888–1938.) By Sigmund Freud. Edited by James Strachey. (London: The Hogarth Press and The Institute of Psycho-Analysis, 1950, The International Psycho-Analytical Library, edited by Ernest Jones, M.D., No. 37, pp. 396, 25*s*.)

Beyond the Pleasure Principle. By Sigmund Freud. A New Translation by James Strachey. (London: The Hogarth Press and The Institute of Psycho-Analysis, 1950, The International Psycho-Analytical Library, edited by Ernest Jones, M.D., No. 4, pp. 97, 7*s*. 6*d*.)

Totem and Taboo. Some Points of Agreement between the Mental Lives of Savages and Neurotics. By Sigmund Freud. New authorized translation by James Strachey. With the Translator's Note, Author's Preface and the Preface to the Hebrew translation (first publication in English). (London: Routledge & Kegan Paul Ltd., 1950, pp. 172, 14*s*.).

Further Contributions to the Theory and Technique of Psycho-Analysis. By Sandor Ferenczi. Compiled by John Rickman, M.D., Second Impression with Bibliography in English, brought up to date. (London: The Hogarth Press and the Institute of Psycho-Analysis, 1950, The International Psycho-Analytical Library, edited by Ernest Jones, M.D., No. 11, pp. 480, 30*s*.)

Collected Papers on Psycho-Analysis. By Ella Freeman Sharpe. Edited by Marjorie Brierley with a Preface by Ernest Jones. (London: The Hogarth Press Ltd., and the Institute of Psycho-Analysis, 1950, The International Psycho-Analytical Library, edited by Ernest Jones, M.D., No. 36, pp. 280, 21*s*.)

The Psycho-Analytic Reader. An Anthology of Essential Papers with Critical Introductions. Edited by Robert Fliess. (London: The Hogarth Press Ltd. and the Institute of Psycho-Analysis, 1950, The International Psycho-Analytical Library, edited by Ernest Jones, M.D., No. 38, pp. 358, 18*s*.)

Vorlesungen zur Einfuehrung in die Psychoanalyse. By Sigmund Freud. 53–55, Tausend. (London: Imago Publishing Co. Ltd., pp. 499.)

Aus den Anfaengen der Psychoanalyse. Briefe an Wilhelm Fliess, Abhandlungen und Notizen aus den Jahren, 1887–1902. By Sigmund Freud. (London: Imago Publishing Co. Ltd., pp. 477, 30*s*.)

Exploring the Unconscious. By Georg Groddeck. (London: Vision Press Ltd., 1950, pp. 224, 12*s*. 6*d*; New York: Funk & Wagnalls Co.)

The Book of the Id. By Georg Groddeck. (London: Vision Press Ltd., 1950, pp. 301, 15*s*.; New York: Funk & Wagnalls Co.)

Applied Psychoanalysis. Selected Objectives of Psychotherapy. By Felix Deutsch. (New York: Grune & Stratton, 1949, pp. 244.)

The Ordinary Devoted Mother and Her Baby. Nine Broadcast Talks (Autumn, 1949). By D. W. Winnicott. (London: Pamphlet, 47 Queen Anne Street, W.1, 1*s*. 2*d*.)

Freud: Dictionary of Psychoanalysis. By Nandor Fodor and Frank Gaynor (eds.). With a Preface by Theodor Reik. (New York: The Philosophical Library, Inc., 1950, pp. 208, $3.75.)

The Psychological Aspects of Child Development. By Susan Isaacs. (London: Evans Brothers Ltd. in Association with the University of London Institute of Education, 1935, Reprint 1949, pp. 45, 2*s*. 6*d*.)

Character Analysis. By Wilhelm Reich. (London: Vision Press. Peter Nevill, 1950, pp. 516, 35*s*.)

Textbook of Abnormal Psychology. Revised Edition. By Carney Landis and M. Marjorie Bolles. (New York: The Macmillan Company, 1950, pp. 634.)

Group Life: The Nature and Treatment of its Specific Conflicts. By Marschall C. Greco. (New York: Philosophical Library Inc., 1950, pp. 357, $3.75.)

An Introduction to Personality Study. By Raymond B. Cattell. (London: Hutchinson's University Library. Psychology, No. 47, pp. 235, 7*s*. 6*d*.)

Tensions That Cause Wars. A UNESCO Conference Study. By Hadley Cantril (ed.). (Illinois: University of Illinois Press, Urbana, 1950, pp. 303, $4.00.)

Complex. The Magazine of Psychoanalysis and Related Affairs. Nos. 1 and 2. By Sandor Katz, Gertrud M. Kurth, Paul Goodman (Editors). (New York: Arts and Science Press, single copy 60c., subscription 1 year $2.00.)

Psychiatric Sections in General Hospitals. By Paul Haun. (New York: Architectural Record, F. W. Dodge Corporation, 1950, pp. 80, $4.00,)

Analytic Group Psychotherapy. With Children, Adolescents, and Adults. By S. R. Slavson. (New York: Columbia University Press, 1950, pp. 275, $3.50; London: Geoffrey Cumberlege, Oxford University Press, 1950, 22*s*. 6*d*.)

Tensions Affecting International Understanding. A Survey of Research. By Otto Klineberg. (New York: Social Science Research Council, Bulletin 62, pp. 227.)

Delinquency and Human Nature. By D. H. Stott. (Fife: Carnegie United Kingdom Trust Dunfermline, 1950, pp. 460.)

Self-Organization. A Practical Course of Applied Psychology for Business Men. By Morley Dainow. (London: Sir Isaac Pitman & Sons Ltd., 6th Edition, 1950, pp. 144, 10*s.* 6*d.*)

Das Strichbild. Zum Form- und Stoffproblem in der Psychologie der Handschrift. By R. Pophal. (Stuttgart: Georg Thieme Verlag, 1950. Illustr.)

Der Gestaltkreis. Theorie der Einheit von Wahrnehmen und Bewegen. By Viktor von Weizsaecker. 4th Edition. (Stuttgart: Georg Thieme Verlag, 1950, pp. 203.)

Medizinische Psychologie. By Ernst Kretschmer. (Stuttgart: Georg Thieme Verlag, 1950, 10th edition, illustrated, pp. 304.)

Streifzuege durch die Psychoanalyse. By Carl Mueller-Braunschweig. (Reinbeck bei Hamburg: Parus-Verlag, pp. 108.)

Trieb und Kultur. Zur Socialpsychologie, Physiologie und Psychohygiene der Harntriebhaftigkeit mit besonderer Berueecksichtigung der Enuresis. By Hans Christoffel. (Basel: Benno Schwabe & Co., Verlag, 1944. Band VII der Buecherreihe 'Psychohygiene- Wissenschaft und Praxis' von Heinrich Meng., pp. 272, 23 Illustr.)

Klinische Psychopathologie. By Kurt Schneider. (Stuttgart: Georg Thieme Verlag, 1950, pp. 179.)

Elenktik und Maieutik. Drei Abhandlungen zur Antiken Psychologie. By Michael Landmann. (Bonn: H. Bouvier u. Co. Verlag, 1950, pp. 141.)

L'Ipersessualita come Fattore Degenerogeno. By Marino Benvenuti. (Pisa: Edizioni 'Omnia Medica,' 1950, pp. 208.)

Psychologie de la Colonisation. Collections Esprit 'Frontiere Ouverte.' By O. Mannoni. (Paris: Editions du Seuil, 1950, pp. 226.)

Diagnostics Psychologues. By M. A. Sechehaye. (Bern: Hans Huber Verlag, 1949, Supplement No. 12 de la Revue Suisse de Psychologie, S.Fr. 8.90, pp. 119.)

Studies in Analytical Psychology. By Gerhard Adler. (London: Routledge & Kegan Paul Ltd., 1948, pp. 214, 21*s.*)

Freud or Jung. By Edward Glover. (London: George Allen & Unwin Ltd., 1950, pp. 207, 15*s.*)

On Not Being able to Paint. By Joanna Field. (London: William Heinemann Ltd., 1950, pp. 173, 10*s.* 6*d.*)

The Envelope. A Study of the Impact of the World upon the Child. By James S. Plant. (New York: The Commonwealth Fund.)

Meaning and Content of Sexual Perversions. By M. Boss. Translated by Liese Lewis Abell. (New York: Grune & Stratton.)

Anxiety in Pregnancy and Childbirth. By Henriette R. Klein, Howard W. Potter, Ruth B. Dyk. (New York: Paul B. Hoeber Inc.)

Handwriting Analysis as a Psychodiagnostic Tool. By Ulrich Sonnemann. With a Foreword by Bela Mittelmann. (New York: Grune & Stratton.)

Exhibitionism. By N. K. Rickles. (New York: J. B. Lippincott Co., pp. 198, $5.00.)

Colour Psychology and Colour Therapy. By Faber Birren. (New York: McGraw Hill Publishing Co., pp. 284, $4.50.)

S. Weir Mitchell, Novelist and Physician. By Ernest Earnest. (University of Pennsylvania Press, pp. 279, $3.50.)

Psychoanalysis, Evolution and Development. By Clara M. Thompson. (Hermitage Press, pp. 252, $3.00.)

Principles of General Psychopathology. An Interpretation of the Theoretical Foundations of Psychopathological Concepts. By Siegfried Fischer. (New York: Philosophical Library, Inc., 1950, pp. 327, $4.75.)

Les Glanes des Jours. By Marie Bonaparte. (London: Imago Publishing Co. Ltd., 1950, pp. 134, 9*s.*)

Sex in Psychoanalysis. By Sandor Ferenczi. Introduction by Clara Tompson; Authorized translation by Ernest Jones. (New York: Basic Books Publishing Co., Inc., pp. 338, $3.50.)

CLINICAL ESSAY PRIZE

Members and Associate Members of the International Psycho-Analytical Association are reminded that competitors for the Clinical Essay Prize must send in their work to the Hon. Secretary of the Institute of Psycho-Analysis, 96 Gloucester Place, London, W.1, by March 31 of the year in which they wish to enter into the competition.

The conditions governing the competition are the following:—

A prize of (not exceeding) 30 guineas is offered.

Requirements for the Essay

The essay shall consist of a clinical record of a case investigated by psycho-analytical methods. It should illustrate clearly the events and changes in the mental life of the patient and their relation to external environment. In awarding the prize, the Judges will pay attention to acuity of observation and the clarity with which the facts are stated. If the writer wishes to draw theoretical conclusions, he must bear in mind the necessity of making the evidence for such conclusions carry conviction.

It is recommended that the length of the essay should not exceed twenty thousand words.

Date of Sending in Essays : Language : Format, etc.

Essays must be submitted on or before the thirty-first day of March in any year, in the English language. They must be typescript on quarto paper with ample left-hand margin. They must be in triplicate and be sent to the Hon. Secretary of the Institute. All copies of essays submitted become *ipso facto* the property of the Institute (or its successor) while it has the appointment of the Trustees for the Prize Fund.

No Award

If no essay of merit worthy of a prize is submitted in any year, no award shall be made for that year.

Joint Award

In the event of the Judges regarding the essays of two or more competitors of equal merit, they may divide the prize-money into equal parts and award it to such competitors jointly.

Eligibility

Any person of either sex, who is not a member or a past-member of the Board of the Institute, shall be eligible for the competition.

Tenure

The prize shall be given to the writer of the best essay in the opinion of the Judges submitted in any year, but the prize may be awarded to the same person twice, provided that he submits a second essay of sufficient merit in a later competition, and that the prize shall not be awarded more than twice to the same person.

Title

The competitor to whom the prize is awarded in any year may be called the Clinical Prizeman for that year.

Copyright

The copyright of any essay to which a prize is awarded shall become the property of the Institute. Should the author wish to quote it in whole or in part, the Institute shall not unreasonably withhold its consent. The Institute shall not publish in England or abroad, whether in English or in translation, the whole or any part of such essay during the author's life-time without his consent in writing. Other persons who may wish to quote extracts from any prize essay shall obtain the written consent both of the Institute or its successors, and, during his life-time, of the author.

MARGARET LITTLE

Hon. Secretary,
Institute of Psycho-Analysis,
96 Gloucester Place,
London, W.1.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

DR. GRETE L. BIBRING, GENERAL SECRETARY

LIST OF MEMBERS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION[1]

Honorary President
Dr. Ernest Jones

Officers 1949–1951
President
Dr. Leo H. Bartemeier, Detroit, Mich.

Vice-Presidents
Mme. Marie Bonaparte, Paris.
Miss Anna Freud, London.
Dr. Heinz Hartmann, New York.
Dr. Jeanne Lampl De Groot, Amsterdam.

Hon. Treasurer
Dr. Philipp Sarasin, Basel.

Hon. Secretary
Dr. Grete L. Bibring, Cambridge, Mass.

AMERICAN PSYCHOANALYTIC ASSOCIATION

Officers 1949–1951
President
Dr. M. Ralph Kaufman, New York, N.Y.

President-Elect
Dr. Robert P. Knight, Stockbridge, Mass.

Secretary
Dr. LeRoy M. A. Maeder, Philadelphia, Pa.

Treasurer
Dr. William G. Barrett, San Francisco, Calif.

Honorary Members

Dr. Frank Fremont-Smith, Medical Director, Joisiah Macy, Jr. Foundation, 565 Park Ave., New York, 21, N.Y.
Dr. Edward Glover, 18 Wimpole Street, London, W.1, England.
Miss Anna Freud, 20 Maresfield Gardens, London, N.W.3, England.
Dr. Alan Gregg, Medical Director, Rockefeller Foundation, 49 West 49th Street, New York, N.Y.
Dr. Ernest Jones, M.D., F.R.C.P., The Plat, Elsted, near Midhurst, Sussex, England.

Affiliate Societies

Baltimore Psychoanalytic Society

Honorary Member

Whitehorn, John C., Dr., Henry Phipps Psychiatric Clinic, John Hopkins Hospital, Baltimore 5, Md.

Active Members

Anderson, Dr. A. Russell, 715 Park Ave., Baltimore.
Barkoff, Dr. Samuel, 1504 Foucher St., New Orleans, La.
Bing, Dr. James F., 715 Park Ave., Baltimore.
Cushing, Dr. Jean G. N., 11 East Chase St., Baltimore.
Cushing, Dr. Mary M., 11 East Chase St., Baltimore.
Finesinger, Dr. Jacob E., Univ. of Maryland Medical School, Lombard and Green St., Baltimore.
Hartz, Dr. Jerome, 11 East Chase St., Baltimore.
Hill, Dr. Lewis B., Sheppard and Enoch Pratt Hospital, Towson, Maryland.
Ingalls, Dr. G. S., (*Secretary*), 703 Cathedral St., Baltimore.
Lidz, Dr. Ruth W., 11 East Chase St., Baltimore.
Leewald, Dr. Hans W., 11 East Chase St., Baltimore.
Marburg, Dr. Rudolf, 11 East Chase St., Baltimore.
McLaughlin, Dr. Francis, (*Treasurer*), 11 East Chase St., Baltimore.
Newell, Dr. H. Whitman, (*President*), 601 West Lombard St., Baltimore.
Smith, Dr. Olive C., 20 West Madison St., Baltimore.
Taneyhill, Dr. G. Lane, 1316 Eutaw Place, Baltimore.
Tower, Dr. Sarah, 11 East Chase St., Baltimore.
Wagner, Dr. Philip S., 700 Cathedral St., Baltimore.
Novey, Dr. Samuel, 11 East Chase St., Baltimore.

Associate Members

Arthur, Dr. Helen, 224 West Lanevale St., Baltimore.
Carter, Dr. Lucile, 715 Park Ave., Baltimore.
Francis, Dr. John J., 1431 Park Ave., Baltimore.
Gray, Dr. Paul H., 715 Park Ave., Baltimore.
Lasell, Dr. Eldridge L., Greenway Apts., Charles & 34 St., Baltimore.

[1] (Dr.) indicates non-medical doctorate degree.

Pembroke, Dr. Richard H., Jr., 1311 North Calvert St., Baltimore.
Spottswood, Dr. Maurice D., 450 Sutter St., San Francisco, Cal.

Boston Psychoanalytic Society and Institute

Honorary Members

Cobb, Dr. Stanley, Mass. General Hospital, Boston 14, Mass.
Healy, Dr. William, 38 Beacon Street, Boston 8.
Zilboorg, Dr. Gregory, 33 East 70 St., New York 21.

Active Members

Alexander, Dr. George H., Butler Hospital, Providence, R.I.
Anthonisen, Dr. Niels L., V.A. Hospital, White River Junction, Vt.
Bandler, Dr. Bernard, 82 Marlborough St., Boston.
Bibring, Dr. Grete L., 47 Garden St., Cambridge, Mass.
Bibring, Dr. Edward, 82 Marlborough St., Boston.
Berman, Dr. Leo, (*Librarian*), 464 Beacon St., Boston.
Burr, Dr. Ruth, 56 Commonwealth Ave., Boston.
Chase, Dr. Louis S., 416 Marlborough St., Boston.
Clothier, Dr. Florence, 161 S. Huntington Ave., Boston.
Dalrymple, Dr. Leolia A., 82 Marlborough St., Boston.
Deming, Dr. Julia, (*Treasurer*), 406 Marlborough St., Boston.
Deutsch, Dr. Felix, 82 Marlborough St., Boston.
Deutsch, Dr. Helene, 44 Larchwood Drive, Cambridge.
Finesinger, Dr. Jacob E., University Hospital, Univ. of Maryland, Baltimore 1.
Gardner, Dr. George E., 38 Beacon St., Boston.
Hendrick, Dr. Ives, 75 Mt. Vernon St., Boston.
Hitschmann, Dr. Edward, 51 Brattle St., Cambridge.
Howard, Dr. Edgerton McC., Box E, Stockbridge, Mass.
Howard, Dr. Paul, McLean Hospital, Waverly, Mass.
Jackson, Dr. Edith B., 789 Howard St., New Haven, Conn.
Jessner, Dr. Lucie, 107 Garden St., Cambridge.
Karpe, Dr. Richard, 801 Farmington Ave., West Hartford, Conn.
Langer, Dr. Walter C., 190 Brattle St., Cambridge.
Lindemann, Dr. Erich, Mass. General Hospital, Boston.
Ludwig, Dr. Alfred, (*Secretary*), 101 Bay State Road, Boston.
Michaels, Dr. Joseph J., (*Vice-President*), 82 Marlborough St., Boston.
Murray, Dr. Henry A., (*President*), 37 Brimmer St., Boston
Pavenstedt, Dr. Eleanor, 18 Hemlock Rd., Cambridge.
Putnam, Dr. Marian C., 244 Townsend St., Roxbury, Mass.
Rank, Mrs. Beata, 8 Mercer Circle, Cambridge.
Rexford, Dr. Eveoleen N., 9 Dana St., Cambridge.
Rochlin, Dr. Gregory, 82 Marlborough St., Boston.
Rosenheim, Dr. Frederick, J. P., 122 Commonwealth Ave., Boston.
Semrad, Dr. Elvin J., Boston State Hospital, 591 Morton St., Dorchester, Mass.
Tartakoff, Dr. Helen, 9 Concord Ave., Cambridge.
Taylor, Dr. John H., 37 Marlborough St., Boston.
Wilbur, Dr. George B., Cove Road, South Dennis, Mass.
Young (Dr.) Robert A., 38 Beacon St., Boston.
Young, Dr. David A., 509 Revenue Bldg., Raleigh, N.C.
Zetzel, Dr. Elizabeth R., 14 Hubbard Park, Cambridge.

Chicago Psychoanalytic Society

Honorary Members

Ross, Miss Helen, 664 N. Michigan Ave., Chicago, Ill.
Stern, Mr. Alfred K., 30 Rockefeller Plaza, New York, N.Y.
Gerard, Dr. Ralph, Dept. of Physiology, Univ. of Chicago, 951 E. 58th St., Chicago 37, Ill.
McLean, Dr. Franklin, Dept. of Physiology, Univ. of Chicago, 951 E. 58th St., Chicago 37, Ill.

Active Members

Alexander, Dr. Franz, 664 N. Michigan Ave., Chic. 11.
Babcock, Dr. Charlotte, 664 N. Michigan Ave., Chic.
Bacon, Dr. Catherine, 664 N. Michigan Ave., Chic.
Benedek, Dr. Therese, 664 N. Michigan Ave., Chic.
Benjamin Dr. Ann, 664 N. Michigan Ave., Chic.
Blitzsten, Dr. N. Lionel, 20 E. Cedar St., Chic.
Bollmeier, Dr. Ludolf, 331 Thompson Bldg., Hot Springs, Ark.
Bosselman, Dr. Beulah, 8 S. Michigan, Chic.
Brosin, Dr. Henry, 950 E. 59th St., Chic.
Carlson, Dr. Helen, 664 N. Michigan, Chic.
Carmichael, Dr. Hugh T., 30 N. Michigan, Chic. 2.
Eisler, Dr. Edwin, 664 N. Michigan, Chic.
Emch, Dr. Minna, 2708 N. Lakeview, Chic.
Emery, Dr. Felice, 4668 Pershing, St. Louis, Mo.
Emery, Dr. Van Norman, 4668 Pershing, St. Louis, Mo.
Fingert, Dr. Hyman, 4592 Maryland, St. Louis, Mo.
French, Dr. Thomas, 664 N. Michigan, Chic.
Fleming, Dr. Joan, 159 W. Burton Pl., Chic.
Gitelson, Dr. Maxwell, 55 E. Washington St., Chic.
Gerard, Dr. Margaret, 664 N. Michigan, Chic.
Goldner, Dr. Elizabeth, P.O. Box 221, Fort Logan, Colorado.
Grinker, Dr. Roy R., 30 N. Michigan, Chic.

Hannett, Dr. Frances, 5400 South Shore Drive, Chic.
Hamill, Dr. Ralph, 8 S. Michigan, Chic.
Johnson, Dr. Adelaide, 626 5th St., S.W., Rochester, Minne.
Josselyn, Dr. Irene, 664 N. Michigan, Chic.
Kamm, Dr. Bernard, 6 N. Michigan, Chic.
Kramer, Dr. Paul, 6 N. Michigan, Chic.
Lee, Dr. Harry B., 664 N. Michigan, Chic.
Leonard, Dr. Charles, 585 N.W. 11th St., Oklahoma City, Okla.
Levine, Dr. Maurice, Cincinnati Genl. Hosp., Cincinnati, Ohio.
Lippman, Dr. Hyman, 670 Marshall Ave., c/o Amherst H. Wilder, Child Guidance Clinic, St. Paul, Minn.
McLean, Dr. Helen, 664 N. Michigan, Chic.
Masserman, Dr. Jules, 8 S. Michigan, Chic.
Meyer, Dr. Albrecht, 116 S. Michigan, Chic.
Moellenhoff, Dr. Fritz, 664 N. Michigan, Chic.
Mohr, Dr. George J., 664 N. Michigan, Chic.
Piers, Dr. Gerhart, 664 N. Michigan, Chic.
Rosenbaum, Dr. Milton, Cincinnati Hospital, Cincinnati, Ohio.
Schiller, Dr. Maurice, 6 N. Michigan, Chic.
Serota, Dr. Herman, 55 E. Washington, Chic.
Shapiro, Dr. Louis, 664 N. Michigan, Chic.
Slight, Dr. David, 2449 W. Washington Blvd., Chic.
Sommer, Dr. Conrad, 4500 Olive St., St. Louis, Mo.
Steinfeld, Dr. Julius, Forest Sanitarium, Desplaines, Ill.
Sylvester, Dr. Emmy, 55 E. Washington, Chic.
Tower, Dr. Lucia E., 664 N. Michigan, Chic.
Vander Veer, Dr. Adrian, 55 E. Washington, Chic.
Watters, Dr. Theodore, 1607 Napoleon Ave., New Orleans 15, La.
Weiss, Dr. Edoardo, 1240 N. Stone, Chic.
Wilson, Dr. George W., 30 N. Michigan, Chic.

Associate Members

Benjamin, Dr. John, Rural Route, Golden, Colo.
Breslin, Dr. Winson, 30 W. Washington, Chic.
Coyle, Dr. Helen, 1002 Lehman Bldg., Peoria 2, Ill.
Flastein, Dr. Eugene, 25 E. Washington, Chic.
Fishback, Dr. Dora, 2000 Dwight Way, Berkeley, Cal.
Tamas Dr. Maria, 18 E. 84th St., New York, N.Y.
Katz, Dr. Cecelia, 664 N. Michigan, Chic.
Bradley, Dr. Garnet, 55 E. Washington, Chic.
Kepecs, Dr. Joseph, 109 N. Wabash, Chic.
Perkins, Dr. George, 6 N. Michigan, Chic.
Krug, Dr. Othilda, Cincinnati Genl. Hosp., Cincinnati, Ohio.
Kramer, Dr. Maria, 5310 South Woodlawn, Chic.
McCormick, Dr. Jay, 636 Church St., Evanston, Ill.

Non-clinical Members

Bettelheim, Dr. Bruno, 1365 E., 60th St., Chic.
McMurry, Dr. Robert, 322 S. Michigan, Chic.
Shakow, Dr. David, 912 South Wood St., Chic.

Detroit Psychoanalytic Society

Honorary Member

Freud, Miss Anna, 20 Maresfield Gardens, London, N.W. 3.

Active Members

August, Dr. Harry E., (*Secretary*), 1242 Maccabees Bldg., Detroit.
Barnett, Dr. Morton, 1527 David Stott Bldg., Detroit.
Bartemeier, Dr. Leo H., (*Vice-President*), 8–259 General Motors Bldg., Detroit.
Beckwitt, Dr. Morris C., 865 Fisher Bldg., Detroit.
Berlien, Dr. Ivan, 3128 Guardian Bldg., Detroit.
Bond, Dr. Douglas D., 2065 Adelbert Rd., Cleveland, Ohio.
Dorsey, Dr. John M., 1512 St. Antoine St., Detroit.
Fine, Dr. Edward, 1112 Kales Bldg., Detroit.
Finlayson, Dr. Alan D., 10515 Carnegie, Cleveland, Ohio.
Froelicher, Dr. Emil, 960 Fisher Bldg., Detroit.
Grinstein, Dr. Alex, 904 Kales Bldg., Detroit.
Katan, Dr. Maurits, 2721 Scarborough Rd., Cleveland Hgts., Ohio.
Katan, Dr. Anny, 2721 Scarborough Rd., Cleveland Hgts., Ohio.
Leach, Dr. David, 865 Fisher Bldg., Detroit, Ohio.
Moloney, Dr. J. Clark, 414 Arlington, Birmingham, Michigan.
Ratliff, Dr. Thomas A., 311 Pike St., Cincinnati, Ohio.
Redl (Dr.), Fritz., 17673 Manderson, Detroit.
Reye, Dr. Henry A., 10 Peterboro, Detroit.
Schwartz, Dr. Louis A., 816 Fisher Bldg., Detroit.
Stanton, Dr. James, 1001 Stroh Bldg., Detroit.
Sterba, Dr. Richard F., (*President*), 861 Whittier Blvd., Detroit.
Sterba (Dr.), Editha, 861 Whittier Blvd., Detroit.
Ulrich, Dr. Carl, 1615 Hazel Drive, Cleveland, Ohio.
Van Riper, Dr. Steven L., Haven Sanitarium, Rochester, Michigan.
Wolfe, Dr. Max O., (*Treasurer*), 7–260 General Motors Bldgs., Detroit.

Los Angeles Psychoanalytic Society

Honorary Members of Los Angeles Institute of Psychoanalysis

Deri, Mrs. Frances, 123N Plymouth Blvd., Los Angeles 4, Cal.
Fenichel, Hannah, Ph.D., 582 N. Wilcox Ave., Los Angeles 4, Cal.

Active Members

Brunswick (Dr.), David, 360 N. Bedford Drive, Beverly Hills, Cal.
Crutcher, Dr. Roberta, 1052 West 6 St., Los Angeles.
Evans, Dr. Richard D., 123 N. San Vicente Blvd., Beverly Hills, Cal.
Friedman, Dr. Lawrence J., 360 N. Bedford Drive, Beverly Hills, Cal.

Futterman, Dr. Samuel, 660 Kingman Ave., Santa Monica, Cal.
Greenson, Dr. Ralph R. (*Vice-President*), 405 N. Bedford Drive, Beverly Hills, Cal.
Kupper, Dr. Herbert I., 9885 Chaleville Blvd., Beverly Hills, Cal.
Lewy, Dr. Ernst (*Executive Councillor*), 1585 Manning Ave., Los Angeles, Cal.
McGuire, Dr. Ivan, 360 N. Bedford Drive, Beverly Hills, Cal.
Newhouse, Dr. Robert M., 6333 Wilshire Blvd., Los Angeles.
Rahman, Dr. Lincoln, 4036 Wilshire Blvd., Los Angeles.
Rangell, Dr. Leo, 405 N. Bedford Drive, Beverly Hills, Cal.
Sarlin, Dr. Charles N., 1641 N. Tucson Blvd., Tucson, Arizona.
Schube, Dr. Purcell G., 1060 East Green St., Pasadena, Cal.
Tidd, Dr. Charles W. (*President*), 405 N. Bedford Drive, Beverly Hills, Cal.
Van der Heide, Dr. Carol (*Secretary-Treasurer*), 9730 Wilshire Blvd., Beverly Hills, Cal.
Vatz, Dr. Jack A., 360 N. Bedford Drive, Beverly Hills, Cal.

Society for Psychoanalytic Medicine of Southern California

Briehl, Dr. Walter (*Secretary-Treasurer*), 357 S. Robertson Blvd., Beverly Hills, Cal.
Clinco, Dr. Arthur, 405 N. Bedford Drive, Beverly Hills, Cal.
Frumkes, Dr. George, 232 S. Beverly Drive, Beverly Hills, Cal.
Grotjahn, Dr. Martin, 416 N. Bedford Drive, Beverly Hills, Cal.
Hacker, Dr. Frederick, 8827 W., Olympic Blvd., Beverly Hills, Cal.
Levy, Dr. Norman, 416 N. Bedford Drive, Beverly Hills, Cal.
Marmor, Dr. Judd, 337 S. Beverly Drive, Beverly Hills, Cal.
Miller, Dr. Milton (*President*), 337 S. Beverly Drive, Beverly Hills, Cal.
Nierenberg, Dr. Harry, 416 N. Bedford Drive, Beverly Hills, Cal.
Romm, Dr. May E. (*Vice-President*), 9639 Brighton Way, Beverly Hills, Cal.
Spira, Dr. Bertram, 9373 W. Olympic Blvd., Beverly Hills, Cal.
Mindlin, Dr. Eugene, 201 S. Kingsley Drive, Los Angeles.

New York Psychoanalytic Society

Honorary Members

Brill, Dr. K. Rose Owen, 88 Central Park West, New York 23
Kris, Dr. Ernst (Ph.D.), 135 Central Park West, New York 23
Oberholzer, Dr. Emil, 1112 Park Ave., New York 24.
Roheim, Dr. Geza (Ph.D.), 1 West 85 St., New York 24.

Life Members

Ames, Dr. Thaddeus H., Rt. I, Box 738, Scottsdale, Arizona.
Amsden, Dr. George S., Acworth, New Hampshire.
Blumgart, Dr. Leonard, 152 West 57 St., New York 17
Glueck, Dr. Bernard, 12 East 86 St., New York 28.
Kardiner, Dr. Abram, 1100 Park Ave., New York 28
Kenworthy, Dr. Marion E., 035 Fifth Ave., New York 28.
Lehrman, Dr. Philip R., 25 Central Park West, New York 23
Levin, Dr. Human L., 577 West Ferry St., Buffalo 22, N.Y.
Oberndorf, Dr. Clarence P., 40 West 59th St., New York 19.
Rotherberg, Dr. Simon, 175 Eastern Parkway, Brooklyn 17, N.Y.
Rothschild, Dr. Leonard, 240 Central Park South, New York 19.
Sands, Dr. Irving J., 202 New York Ave., Brooklyn 16, N.Y.
Shoenfeld, Dr. Dudley D., 116 West 59th St., New York 19.
Stern, Dr. Adolph, 57 West 57th St., New York 19.

Regular Members

Abbate, Dr. Grace McLean, 9 Garden Place, Brooklyn 2, N.Y.
Agoston, Dr. Tibor, 35 East 84th St., New York 28.
Allen, Dr. Andre K., 344 West 72nd St., New York 23.
Arlow, Dr. Jacob A., 120 West 59th St., New York 19.
Atkin, Dr. Samuel, 36 Sutton Place South, New York 22.
Bak, Dr. Robert C., 111 East 61st St., New York 21
Barinbaum, Dr. Moses, 101 West 85th St., New York 24.
Bell, Dr. Anita I., 239 Central Park West, New York 24.
Beres, Dr. David, 132 East 72nd St., New York 21.
Bergler, Dr. Edmund, 251 Central Park West, New York 24.
Berman, Dr. William, 204 Martine Ave., White Plans, N.Y.
Bernard, Dr. Viola W., 930 Fifth Ave., New York 21.
Berner, Dr. Frank, 133 East 58th St., New York 22
Blanton, Dr. Smiley, 115 East 61st St., New York 21.
Blau, Dr. Abram, 47 East 88th St., New York 28.
Blumn, Dr. Kilian K., 17 East 96th St., New York 28
Bonnett, Dr. Sara A., 895 Park Ave., New York 21
Brenner, Dr. Charles, 815 Park Ave., New York 21
Broadwin, Dr. Isra T., 116 West 59th St., New York 19.

Bunker, Dr. Henry A., 115 East 61st St., New York 21.
Bychowski, Dr. Gustav, 1148 Fifth Ave., New York 28
Chassell, Dr. Joseph O., Austen Riggs Foundation, Stockbridge, Mass.
Cohn, Dr. Franz S., 12 East 87th St., New York 28.
Daltroff, Dr. Wilburta, 320 West 76 St., New York 23.
Daniells, Dr. Helen E., 4 East 76 St., New York 21
Daniels, Dr. George E., 129 East 69th St., New York 21.
Davidson, Dr. Charles, 1155 Park Ave., New York 28.
de Saussure, Dr. Raymond, 1148 Fifth Ave., New York 28.
Dunbar, Dr. Flanders, 3 East 69th St., New York 21.
Dunn, Dr. William H., 210 East 68th St., New York 21.
Eidelberg, Dr. Ludwig, 25 East 86th St., New York 28.
Eisenbud, Dr. Jule, 145 West 58th St., New York 19.
Eisendorfer, Dr. Arnold, 11 East 68th St., New York 21.
Eissler, Dr. Kurt R., 315 Central Park West, New York 25.
Epstein, Dr. M. David, 49 East, 96th St., New York 28.
Evans, Dr. B. Mildred, 130 East 67th St., New York 21.
Fabian, Dr. Abraham A., 15 East 10 St., New York 3.
Feldman, Dr. Sandor S., 230 Dartmouth St., Rochester 7, N.Y.
Fessler, Dr. Laci, 12 East 86th St., New York 28.
Fisher, Dr. Charles, 65 East 76th St., New York 21.
Fliess, Dr. Robert, 137 East 38 St., New York 16.
Frankley-Gerstenberg, Dr. Greta, 350 Central Park West, New York 25.
Friedman, Dr. Paul, 1165 Park Ave., New York 28.
Friend, Dr. Maurice R., 1165 Park Ave., New York 28
Fries, Dr. Margaret E., 815 Park Ave., New York 21.
Frosch, Dr. John, 40 East 61st St., New York 21.
Geleerd, Dr. Elisabeth R., 130 East 67th St., New York 21.
Gill, Dr. Merton M., 333 Cedar St., New Haven 11, Conn.
Glauber, Dr. I. Peter, 829 Park Ave., New York 21.
Glaz, Dr. A. Andre, 49 East 96th St., New York 28.
Goolker, Dr. P., 100 East 94th St., New York 28.
Gosselin, Dr. Raymond, 983 Park Ave., New York 28.
Greenacre, Dr. Phyllis, 970 Park Ave., New York 28.
Gwin, Dr. Alva, 54 Willett St., Albany 6, N.Y.
Haigh, Dr. Susanna S., 21 East 79th St., New York 21.
Harkavy, Dr. Edward E., 48 West 11th St., New York 11.
Hann-Kende, Dr. Fanny von-, 65 Central Park West, New York 23.
Hart, Dr. Henry H., 1150 Fifth Ave., New York 28.
Hartmann, Dr. Dora, 1150 Fifth Ave., New York 28.
Hartmann, Dr. Heinz, 1150 Fifth Ave., New York 28
Hawkins, Dr. Mary O'Neil, 49 East 96th St., New York 28
Hayward, Dr. Emeline P., 40 West 86th St., New York 24.
Heksh, Dr. Bela H., 1035 Park Ave., New York 28.
Herold, Dr. Carl M., 117 Forest Hill Ave., P.O.B. 628, Saranac Lake, N.Y.
Hinsie, Dr. Leland E., 646 Park Ave., New York 21.
Hitchman, Dr. Margaret, 169 East 78th St., New York 21.
Hohenberg, Dr. Margaret H., 155 East 93rd St., New York 28.
Isakower, Dr. Otto, 7 West 96th St., New York 25.
Isakower, Dr. Salomea, 7 West 96th St., New York 25.
Jacobson, Dr. Edith, 50 West 96th St., New York 25.
January, Dr. Mildred H., 111 Gillett St., Hartford, Conn.
Jekels, Dr. Ludwig, 115 West 90th St., New York 28.
Kahr, Dr. Sidney, 25 East 86th St., New York 28.
Kanzer, Dr. Mark, 114 East 65th St., New York 21.
Karpe, Dr. Richard, 801 Farmington Ave., West Hartford 7, Conn.
Katcher, Dr. Naomi, 225 West 86th St., New York 24.
Kaufman, Dr. M. Ralph, Mt. Sinai Hospital, 11 East 100th St., New York 29.
Keiser, Dr. Sylvan, 65 East 76th St., New York 21.
Kelley, Dr. Kenneth, 129 East 69th St., New York 21.
Kestenberg, Dr. Judith Silberpfennig, 650 West End Ave., New York 25.
Klein, Dr. Emanuel, 47 East 88th St., New York 28.
Klein, Dr. Henriette R., 121 East 92nd St., New York 28.
Klein, Dr. Sidney (*Treasurer*), 146 West 79th St., New York 24.
Knight, Dr. Robert P., Austen Riggs Foundation, Stockbridge, Mass.
Knopf, Dr. Olga, 210 East 68th St., New York 21.
Kris, Dr. Marianne, 135 Central Park West, New York 23.
Kronold, Dr. Edward (*Secretary*), 17 East 96th St., New York 28.
Kubie, Dr. Lawrence S., 7½ East 81st St., New York 28.
LaCombe, Dr. Pierre, 728 Park Ave., New York 21.
LaMar, Dr. Norvelle C., 149 East 73rd St., New York 21.
Lander, Dr. Joseph, 1009 Mercantile Library Bldg., Cincinnati 2, Ohio.
Lewin, Dr. Bertram D., 32 East 64th St., New York 21.
Liss, Dr. Edward, 130 East 39th St., New York 16.
Loewenstein, Dr. Rudolph M., 130 East 67th St., New York 21.
Lorand, Dr. Sandor, 40 Central Park South, New York 19.

Loveland, Dr. Ruth, 140 East 54th St., New York 22.
Lowenfeld, Dr. Henry, 168 West 86th St., New York 24.
Lowenfeld, Dr. Yela, 168 West 86th St., New York 24.
Luke, Dr. Jean A., 3 East 71st St., New York 21.
McCord, Dr. Clinton P., 54 Willett St., Albany 6, N.Y.
Mahler, Dr. Margaret S., 350 Central Park West, New York 25.
Malcove, Dr. Illian, 245 East 72nd St., New York 21.
Margolin, Dr. Sydney G., 169 East 78th St., New York 21.
Milch, Dr. Eugene C., 77 Washington Place, New York 11.
Miller, Dr. Joseph S. A., Hillside Hospital, Bellerose 6, L.I.
Mittelmann, Dr. Bela, 130 East 67th St., New York 21.
Neddleman, Dr. Max, 132 East 73rd St., New York 21.
Needles, Dr. William, 104 East 40th St., New York 16.
Nunberg, Dr. Herman (*President*), 875 Park Ave., New York 21.
Orgel, Dr. Samuel Z., 667 Madison Ave., New York 21.
Pappenheim, Dr. Else, 215 Livingston St., New Haven 11, Conn.
Parker, Dr. Z. Rita, 115 East 61st St., New York 21.
Pederson-Krag, Dr. Geraldine, 103 East 91st St., New York 28.
Polatin, Dr. Phillip, 722 West 168th St., New York 32.
Powers, Dr. Lillian Delger, 128 West 59th St., New York 19.
Rachlin, Dr. Hyman L., 33 East 39th St., New York 16.
Rapoport, Dr. Jack, 25 West 54 St., New York 19.
Reich, Dr. Annie, 27 West 96th St., New York 25.
Ribble, Dr. Margaret A., 59 West 12th St., New York 11.
Ritvo, Dr. Samuel, 59 East 73rd St., New York 21.
Roos, Dr. Allan, 147 East 63rd St., New York 21.
Ross, Dr. Nathaniel, 43 East 63rd St., New York 21.
Savitt, Dr. Robert A., 30 East 60th St., New York 22.
Schatner, Dr. Marcus, 1133 Park Ave., New York 28.
Schick, Dr. William, 49 East 96th St., New York 28
Schur, Dr. Max, 875 Park Ave., New York 21.
Selby, Dr. Nathaniel E., 133 East 58th St., New York 22.
Shlionsky, Dr. Herman, 47 South Park St., Montclair, N.J.
Silbermann, Dr. Isidor, 27 West 96th St., New York 25.
Sommers, Dr. Margaret, 159 Main St., Stamford, Conn.
Sperling, Dr. Melitta, 115 Eastern Parkway, Brooklyn 17, N.Y.
Sperling, Dr. Otto E., 115 Eastern Parkway, Brooklyn 17, N.Y.
Spiegel, Dr. Leo A., 40 East 83rd St., New York 21.
Spitz, Dr. Rene A. (*Vice-President*), 1150 Fifth Ave., New York 28.
Stern, Dr. Max M., 277 Central Park West, New York 24.
Stoloff, Dr. Emile Gordon, 16 East 77th St., New York 21.
Stone, Dr. Leo, 993 Park Ave., New York 28.
Tamas, Dr. Marie P., 18 East 84th St., New York 28.
Tarachow, Dr. Sidney, 12 East 86th St., New York 28.
Wall, Dr. James H., 121 Westchester Ave., White Plains, N.Y.
Wangh, Dr. Martin, 151 Central Park West, New York 23.
Warburg, Dr. Bettina, 130 East 67th St., New York 21.
Weil, Dr. Frederic S., 11 East 68th St., New York 21.
Weinstock, Dr. Harry I. 745 Fifth Ave., New York 22.
Weissman, Dr. Philip, 1125 Park Ave., New York 28.
Weyl, Dr. Simon, 111 East 78th St., New York 21.
Wiggers, Dr. Herbert A., 7 West 96th St., New York 25.
Wittels, Dr. Fritz, 91 Central Park West, New York 23.
Zilboorg, Dr. Gregory, 33 East 70th St., New York 21.

Associate Members

Barhash, Dr. Abraham Z., 99 Lincoln Park, Newark 5, N.J.
Bromberg, Dr. Norbert, 40 East 83rd St., New York 28.
Green, Dr. Sidney L., 1050 Ocean Ave., Brooklyn 26, N.Y.
Heiman, Dr. Marcel, 14 East 62nd St., New York 21
Horwitz, Dr. William A., 722 West 168th St., New York 32.
Kairys, Dr. David, 55 East 86th St., New York 28.
Lichtenstein, Dr. Heinz, 643 Lafayette Ave., Buffalo 9, N.Y.
Meyer, Dr. Bernard, 240 East 62nd St., New York 21.
Neubauer, Dr. Peter B., 47 West 12th St., New York 11.
Owen, Dr. Joseph W., 50 East 91st St., New York 28.
Redlich, Dr. Fredrick C., 333 Cedar St., New Haven 11, Conn.
Roose, Dr. Lawrence J., 1200 Fifth Ave., New York 29
Root, Dr. Nathan N., 880 Fifth Ave., New York 21.
Sillman, Dr. Leonard R., 565 Park Ave., New York 21.
Slater, Dr. Alice, 46–16 80th St., Elmhurst, N.Y.
Stein, Dr. Martin H., 1100 Park Ave., New York 28.
Sugar, Dr. Carl, 360 North Bedford Drive, Beverly Hills, California.

Taylor, Dr. Wayne, 19 East 76th St., New York 21.
Weil, Dr. Annemarie P., 49 East 76th St., New York 28.
Weiss, Dr. Edward J., 130 East 67th St., New York 21
Zeckel, Dr. Adolf, 15 East 75th St., New York 21

Special Members

Bornstein, Mrs. Berta, 27 West 96th St., New York 25.
Brenman, Margaret (Ph.D.), Austen Riggs Foundation, Stockbridge, Mass.
Powers, Mrs. Margaret J., 402 Crawford Ave., Dixon, Illinois.
Rapaport, David (Ph.D.), Austen Riggs Foundation, Stockbridge, Mass.

The Philadelphia Association for Psychoanalysis

Honorary Members

Freud, (Dr.) Anna, 20 Maresfield Gardens, London, N.W.3.
Nunberg, Dr. Herman, 875 Park Avenue, New York, 21, N.Y.

Members

Biddle, Dr. Sidney G., 255 South 17th St., Philadelphia 3, Penn.
Blanchard, Phyllis (Dr.),
Eichholtz, Dr. John E.
Herskovitz, Dr. Herbert H.
Katz, Dr. G. Henry (*President*), 111 North 49th St., Philadelphia 39, Penn.
Kaufman, Dr. M. Ralph, The Mount Sinai Hospital, New York 29, N.Y.
Pearson, Dr. Gerald H. J., 11 North, 49th St., Philadelphia 39, Penn.
Schlezinger, Dr. Nathan S.,
Sloane, Dr. Paul (*Secretary-Treasurer*), 269 South 19th St., Philadelphia 3, Penn.
Smeltz, Dr. George W. (*Vice-President*), 121 University Pl., Pittsburgh 13, Penn.
Sprague, Dr. George S.
Waelder, Dr. Robert, 2100 Walnut St., Philadelphia 3, Penn.

Associate Members

Belmont, Dr. Herman S.
Gardener, Dr. Muriel
Guttman, Dr. S. A.
Marcovitz, Dr. Eli
Raezer, Dr. O. E.

Affiliate Members

Abrams, (Dr.) Ray H. (*Sociologist*).
Devereux, Mrs. Helena T. (*Educator*).

Philadelphia Psychoanalytic Society and Institute

Active Members

Appel, (Dr.) Kenneth E., 111 North 49th St., Philadelphia.
Astley, Dr. M. Royden C., 1101 North 63rd St., Philadelphia.
Bookhammer, Dr. Robert S., 2031, Locust St., Philadelphia.
Brody, Dr. Morris W. (*President*), 1930 Chestnut St., Philadelphia.
Carroll, Dr. Edward J., 121 University Place, Pittsburgh.
English, Dr. O. Spurgeon, 3401 North Broad St., Philadelphia.
Freed, Dr. Herbert, 255 South 17th St., Philadelphia.
Herkovisz, Dr. Herbert H., 521 Elm St., Reading, Pa.
Jaffe, Dr. Beryl, 2035 Spruce St., Philadelphia.
Maeder, Dr. LeRoy, M.A., 1901 Rittenhouse Square, Philadelphia.
Nixon, Dr. Norman, 111 North 49th St., Philadelphia.
Roche, Dr. Philip Q. (*Secretary-Treasurer*), 255 South 17th St., Philadelphia.
Saul, Dr. Leon J. (*Vice-President*), 255 South 17th St., Philadelphia.
Smith, Dr. Lauren H., 111 North 49th St., Philadelphia.
Steele, Dr. Eleanor A., 1640 Pine St., Philadelphia.
Waelder, (Dr.) Robert, 2100 Walnut St., Philadelphia.

Affiliate Members

Abrams, Dr. Ray H., 408 South Lansdowne Ave., Lansdowne, Pa.
Devereux, Miss Helena T., Old Lancaster Rd., Devon, Pa.
Perloff, Dr. William H., 1930 Chestnut St., Philadelphia.
Weiss, Dr. Edward, 269 South 19th St., Philadelphia.

San Francisco Psychoanalytic Society

Honorary Member

Bernfeld, Siegfried, Ph.D., 2835 Broderick St., San Francisco 23, Calif.

Active Members

Barrett, Dr. William G., 240 Stockton St., San Francisco.
Berliner, Dr. Bernhard, 120 Commonwealth Ave., San Francisco.
Biernoff, Dr. Joseph, 315 Cherry St., San Francisco.
Campbell, Dr. Douglas G., 490 Post St., San Francisco.
DeBell, Dr. Grace, 791 Santa Barbara Rd., Berkeley, Calif.
Erikson, Mr. Erik H. (*President*), 25 Haciendas Rd., Orinda, Calif.
Farber, Dr. Leslie H., 114 Hickory Ave., Fairfax, Calif.
Finley, Dr. Malcolm H., 490 Post St., San Francisco.
Gero, Dr. George, 14 East 90th St., New York, N.Y.
Heilbrunn, Dr. Gert, 1116 Summit Ave., Seattle, Wash.

Helgesson, Dr. Uno H., 1000 Creston Rd., Berkeley, Calif.
Hilgard, Dr. Josephine, 512 Byron St., Palo Alto, Calif.
Holmer, Dr. Paul, 9 Rancheria Rd., Kentfield, Calif.
Hume, Dr. Portia Bell, 2900 Buena Vista Way, Berkeley, Calif.
Macfarlane, Dr. Donald (*Vice-President*), 162 Panoramic Way, Berkeley, Calif.
Merrill, Dr. Bruce R., 655 Sutter St., San Francisco.
Mirviss, Dr. Sophia, 2519 Pacific Ave., San Francisco.
Orr, Dr. Douglass W., 1116 Spring St., Seattle, Wash.
Pouppirt, Dr. Pearl S., 490 Post St., San Francisco.
Reider, Dr. Norman, 2235 Post St., San Francisco.
Solomon, Dr. Joseph C., 2211 Post St., San Francisco.
Somers, Dr. Melvin (*Secretary*), 490 Post St., San Francisco.
Szurek, Dr. S. A (*Treasurer*), Langley Porter Clinic, San Francisco.
Tillman, Dr. Carl, Piedmont Psychiatric Clinic, 6254 Claremont Ave., Oakland, Calif.
Windholz, Dr. Emanuel, 2235 Post St., San Francisco.
Worthington, Dr. Robert L., 1116 Spring St., Seattle, Wash.

Accredited Members

Bernfeld, (Dr.) Siegfried, 2835 Broderick St., San Francisco.
Bernfeld, Mrs. Suzanne, 57 Oak Road, Fairfax, Calif.
Maenchen, (Dr.) Anna, 2100 Marin Ave., Berkeley.
Sanford, (Dr.) R. Nevitt, 60 Roble Rd., Berkeley, Calif.

Affiliate Members

Brunswik, (Dr.) Else, 2671 Shasta Rd., Berkeley.
Korner, (Dr.) Anneliese, 2255 Post St., San Francisco.
Vollmer, Dr. Albert M., 384 Post St., San Francisco.
Wolff, Dr. Ernst, 2233 Post St., San Francisco.

The Association for Psychoanalytic Medicine
New York City

Honorary Member

Loewi, Dr. Otto, 155 East 93rd St., New York 28.

Active Members

Ackerman, Dr. Nathan W., 43 East 78th St., New York 21.
Bak, Dr. Robert C., 111 East 61st St., New York 21.
Bernard, Dr. Viola W., 930 Fifth Ave., New York 21.
Binger, Dr. Carl, 125 East 73rd St., New York 21.
Daniels, Dr. George E., 129 East 69th St., New York 21.
de Saussure, Dr. Raymond, 1148 Fifth Ave., New York 28.
Dunn, Dr. William H., 525 East 68th St., New York 21.
Frank, Dr. Richard L., (*Secretary*), 745 Fifth Ave., New York 22.
Goldman, Dr. George S., (*Treasurer*), 410 East 57th St., New York 22.
Greenacre, Dr. Phyllis, 970 Park Ave., New York 28.
Hann-Kende, Dr. Fanny von, 65 Central Park West, New York 23.
Kardiner, Dr. Abram, 1100 Park Ave., New York 28.
Klein, Dr. Henriette R., 131 East 92nd St., New York 28.
Kraft, Dr. Erich, 118 East 70th St., New York 21.
LaMar, Dr. Norvelle C., 149 East 73rd St., New York 21.
Levy, Dr. David M., (*President*), 136 East 57th St., New York 22.
Lewis, Dr. Nolan D. C., 722 West 168th St., New York 32.
Milch, Dr. Eugene C., 77 Washington Place, New York 11.
Millet, Dr. John A. P. (*Vice-President*), 11 East 68th St., New York 21.
Mittelmann, Dr. Bela, 130 East 67th St., New York 21.
Oberholzer, Dr. Emil H., 1112 Park Ave., New York 28.
Oberholzer, Dr. Maria, 1112 Park Ave., New York 28.
Rado, Dr. Sandor, 50 East 78th St., New York 21.
Ross, Dr. Nathaniel, 784 Park Ave., New York 21.
Sapirstein, Dr. Milton R., 110 East 87th St., New York 24.
Stone, Dr. Leo, 993 Park Ave., New York 28.
Wall, Dr. James H., 121 Westchester Ave., White Plains, N.Y.
Weil, Dr. Frederic S., 49 East 86th St., New York 28.

Affiliate Members

Ginsburg, Dr. Sol Weiner, 12 East 97th St., New York 29.
Harrower, Molly, Ph.D., 118 East 70th St., New York 21.
Hoch, Dr. Paul, 1165 Park Ave., New York 28.
Lipkin, Dr. Mack, 2 West 87th St., New York 24.
Rennie, Dr. Thomas, 525 East 68th St., New York 21.
Richardson, Dr. Henry B., 33 East 61st St., New York 21.
Senn, Dr. Milton J. E., 525 East 68th St., New York 21.

Corresponding Members

Blain, Dr. Daniel, 3126 Woodley Rd., N.W., Washington, D.C.
Clinco, Dr. Arthur, 405 North Bedford Drive, Beverly Hills, Calif.
Masserman, Dr. Jules H., 8 South Michigan Ave., Chicago 3, Ill.
Saul, Dr. Leon J., 255 South 17th St., Philadelphia 3, Penn.

Topeka Psychoanalytic Society

Active Members

Allen, Dr. Sylvia (*Vice-President*), 1010 Professional Bld., Kansas City, Mo.
Braatoy, Dr. Trygve, Menninger Foundation, 3617 West 6th Ave., Topeka, Kansas.
Carnk, Dr. H. Harlan, 3902 Montrose Blvd., Houston, Texas.
Fabian, Dr. Michalina, 8 East 96th St., New York, N.Y.
Frank, Dr. Jan, Menninger Foundation, 3617 6th Ave., Topeka, Kansas.
Galbraith, Dr. Hugh M., 1803–5 Firth Nat'l Bld., Oklahoma City, Oklahoma.
Haenel, Dr. Joachim A., 1052 West Sixth St., Los Angeles, Calif.
Harrington, Dr. G. Leonard, 1103 Grand Ave., Kansas City, Mo.
Jokl, Dr. Robert, Menninger Foundation, 3617 6th Ave., Topeka, Kansas.
Leitch, Dr. E. Mary, Menninger Foundation, 3617 6th Ave., Topeka, Kansas.
Menninger, Dr. Karl A., Menninger Foundation, 3617 6th Ave., Topeka, Kansas.
Menninger, Dr. William C. (*President*), Menninger Foundation, 3617 6th Ave., Topeka, Kansas.
Pious, Dr. William L. (*Exec. Councillor*), Menninger Foundation, 3617 6th Ave., Topeka, Kansas.
Robbins, Dr. Lewis L. (*Secretary-Treasurer*), Menninger Foundation, 3617 6th Ave., Topeka, Kansas.
Simon, Dr. Ellen, 70 East 96th St., New York, N.Y.
Wilken, Dr. Mabel, 3902 Montrose Blvd., Houston, Texas.

Associate Members

Bergman, (Dr.) Paul, Menninger Foundation, 3617 West 6th Ave., Topeka, Kansas.
Brenman, (Dr.) Margaret, Austen Riggs Foundation, Stockbridge, Mass.
Ekstein, (Dr.) Rudolf, Menninger Foundation, 3617 West 6th Ave., Topeka, Kansas.
Holt, (Dr.) Louisa, Winter Veterans Admin. Hospital, Topeka, Kansas.
Holt, (Dr.) Robert R., Menninger Foundation, 3617 West 6th Ave., Topeka, Kansas.
Wexler, (Dr.) Milton, Menninger Foundation, 3617 West 6th Ave., Topeka, Kansas.

Washington Psychoanalytic Society

Active Members

Ackerman, Dr. Albert, 25 Kenyon Ave., Berkeley, Calif.
Baker, Dr. Grace, 214 E, 61st St., New York, N.Y.
Blain, Dr. Daniel, 3126 Woodley Rd., N.W., Washington.
Bruch, Dr. Hilde, 103 E, 84th St., New York, N.Y.
Bullard, Dr. Dexter M., Chestnut Lodge Sanitarium, Rockville, Md.
Buxton, Dr. Rex E. (*President*), 1801 K St., N.W., Washington.
Chassell, Dr. Joseph O., Austen Riggs Foundation, Stockbridge, Mass.
Cohen, Dr. Mabel B., 3806 Livingston St., N.W., Washington.
Cohen, Dr. Robert A. (*Secretary-Treasurer*), 3806, Livingston St., N.W., Washington.
Colomb, Dr. Anna C. D., 1421 Napoleon Ave., New Orleans, La.
Crowley, Dr. Ralph M., 247 Central Park West, New York, N.Y.
Dooley, Dr. Lucile, 2440 16th St., N.W., Washington.
Dyar, Dr. Edna G., 1726 Eye St., N.W., Washington.
Evans, Dr. Andrew B., 1835 Eye St., N.W., Washington.
Frankenthal, Dr. Kate, 38 West 69th St., New York, N.Y.
Fromm, Dr. Erich, 322 Central Park West, New York, N.Y.
Fromm-Reichmann, Dr. Frieda, Chestnut Lodge Sanitarium, Rockville, Md.
Graven, Dr. Philip S., 2108 Bancroft Pl., N.W., Washington.
Greig, Dr. Agnes B., 1726 Eye St., N.W., Washington.
Hadley, Dr. Ernest E., 1835 Eye St., N.W., Washington.
Halperin, Dr. Alexander (*Vice-President*), 1028 Connecticut Ave., N.W., Washington.
Jarvis, Dr. Marjorie, 100 Park St., Rockville, Md.
Kasin, Dr. Edwin, 1082 Park Ave., New York, N.Y.
Marina-Fernandez, Dr. Ramon, 404 Professional Bldg., Santurce, Puerto Rico.
Maskin, Dr. Meyer, 146 East 54th St., New York, N.Y.
Micon, Dr. Leonard, 2001 Sacramento St., San Francisco, Calif.
Morse, Dr. Robert T., 3106 North St., N.W., Washington.
Moulton, Dr. Ruth, 285 Central Park West, New York, N.Y.
Noble, Dr. Douglas, 1907 Eye St., N.W., Washington.
Olinick, Dr. Stanley L., 2940 Albemarle St., N.W. Washington.
Powdermaker, Dr. Florence, 550 Park Ave., New York, N.Y.
Reede, Dr. Edward H., Medical Science Bldg., Washington.
Rioch, Dr. Janet M., 17 West 54th St., New York, N.Y.
Rosanes, Dr. Leopold, 27 West 96th St., New York, N.Y.
Salzman, Dr. Leon, 1801 K St., N.W., Washington.
Selinsky, Dr. Herman, 2700 Biscayne Blvd., Miami, Fla.
Silverberg, Dr. William V., 315 Central Park West, New York.

Stanton, Dr. Alfred H., 4420, 50th St., N.W., Washington.
Staveren, Dr. Herbert, Chestnut Lodge Sanitarium, Rockville, Md.
Stoughton, Dr. Amanda L., 2025 Eye St., N.W., Washington.
Tauber, Dr. Edward S., 30 East 60th St., New York, N.Y.
Thompson, Dr. Clara, 12 East 86th St., New York, N.Y.
Waelder-Hall, Dr. Jenny, 7001 Fairfax Rd., Bethesda, Md.
Weigert, Dr. Edith, 12 Oxford St., Chevy Chase, Md.
Weininger, Dr. Benjamin I., Dupont Circle Bldg., Washington.
White, Dr. Mary Julian, 2734 Olive Ave., N.W., Washington.
Whitman, Dr. Winifred G., 135 Hesketh St., Chevy Chase, Md.

SOUTH AMERICA

Argentine Psychoanalytic Association

Members

Alvarez de Toledo, Dr. Luisa G., Bustamante 2420, Buenos Aires.
Carcamo, Dr. Celes E., Callao 1565, Buenos Aires.
Hardoy, Dr. Guillermo F., 320 West 65th St., New York, N.Y., U.S.A.
Garma, Dr. Angel, Arenales 3569, Buenos Aires.
Langer, Dr. Marie (*Secretary*), Arenales 3583, Buenos Aires.
Pichon-Riviere, Dr. Arminda A., Santa Fe 1379, Buenos Aires.
Racker, Dr. Enrique, Charcas 2231, Buenos Aires.
Rascovsky, Dr. Arnaldo (*Publishing Director*), Suipacha 1369, Buenos Aires.
Rascovsky, Dr. Luis (*Treasurer*), Larrea 934, Buenos Aires.

Associate Members

Goode, Miss Elisabeth, Cochabamba 277, Banfield, F.C.N.G.R., Argentina.
Krapf, Dr. E. Eduardo, Santa Fe 911, Buenos Aires.
Perestrello, Dr. Danilo, Praia do Russell, Rio de Janeiro, Brazil.
de Rascovsky, Mrs. Matilde Wencelblat, Suipacha 1368, Buenos Aires.
Schlossberg, Dr. Teodoro, Melo 2470, Buenos Aires.
Wencelblat, Dr. Simon, Posadas 1583, Buenos Aires.
Tallaferro, Dr. Alberto, Avenida Quintana 202, Buenos Aires.

Chilean Psychoanalytic Society

Honorary Members

Allende-Navarro, Dr. Fernando (*Honorary President*), Moneda 1842, Santiago.
Greve, Dr. German, L. Thayer Ojeda 308, Santiago.
Schmideberg, Mr. Walter, Villa Kenwin-Burier, La Tour-Vaud, Switzerland.

Members

Ganzarain C., Dr. Ramon, Avda Paraguay 461, Santiago.
Matte-Blanco, Prof. Dr. Ignacio (*President*), Bernarda Morin 440, Santiago.
Prat E., Dr. Arturo (*Secretary*), Las Bellotas 200 Depto. 3, Santiago.
Rodriguez G., Dr. Sergio, Avda. Antonio Varas 173, Santiago.
Segovia M., Dra. Adelaida, Brown Sur 360, Santiago.
Whiting d'A., Dr. Carlos (*Business Secretary*), Los Serenos 475, Santiago.

EUROPE AND ASIA

Belgian Psycho-Analytical Society (Association des Psychoanalystes de Belgique)

Dugautiez, M. Maurice (*President*), 101 rue E. Banning, Bruxelles.
Lechat, M. Fernand (*Vice-President*), 118 rue Froissart, Bruxelles.
Lechat, Mme. Fernand (*Secretary-Treasurer*), 118 rue Froissart, Bruxelles.
Carton de Tournai, Mlle., 38 Bld. St. Michel, Bruxelles.
Bouillon, Dr. Albert, rue du Coucou, Couillet-Centre.
Schepens, Dr. Edouard, 100 Chee de Vleurgat, Bruxelles.
Van Nypelseer, Dr. J., 65, rue de la Victoire, Bruxelles.

Honorary Members

Leuba, Dr. John, 6 rue Rene Bazin, Paris XVIe.
Bonaparte, Mme. Marie, 6 rue Adolphe Yoon, Paris, XVIe.
Odier, Dr. Charles, 1 Ch. des Magnolies, Lausanne, Switzerland.

British Psycho-Analytical Society

Honorary Member

Jones, Dr. Ernest, The Plat, Elsted, nr. Midhurst, Sussex (*Hon. President*).

Members

Balint, Dr. Michael, (*Scientific Secretary*), 37 Devonshire Place, W.1.
Bowlby, Dr. John, Wyldes Close Corner, Wildwood Road, N.W.11.
Brierley, Dr. Marjorie, 1 Pearl Buildings, Station Road, Reading.
Burlingham, Mrs. Dorothy, 20 Maresfield Gardens, N.W.3.
Carroll, Dr. Dennis, 28 Weymouth St., W.1.
Evans, Miss M. G., 44 Acacia Rd., N.W.8.
Fairbairn, Dr. W. R. D., 18 Grosvenor Crescent, Edinburgh 12.
Flugel, Prof. J. C., 20 Merton Rise, N.W.3.
Foulkes, Dr. S. H., 58 Portland Place, W.1.
Franklin, Dr. Marjorie, 36 Carlton Hill, N.W.8.
Freud, Miss Anna, 20 Maresfield Gardens, N.W.3

Gillespie, Dr. W. H., (*President*), 5 Mansfield St.,W.1.
Gomperts, Mr. C. D., 17 Chepstow Crescent, W.11.
Gross, Dr. A., Menninger Clinic, 3617 West 6th Ave., Topeka, Kansas, U.S.A.
Grant Duff, Miss I. F., 43 Crag Path, Aldeburgh, Suffolk.
Haas, Dr. Erich, 91 Harborne Rd., Edgbaston, Birmingham 15.
Hardcastle, Dr. D. N., 48 Warwick Rd., Bishop's Stortford, Herts.
Heimann, Dr. Paula, 32 Eamont Court, Eamont St., N.W.8.
Herford, Dr. E. M. D., 19 Redlands Rd., Reading.
Hoffer, Mrs. Hedwig, 21 Grove End Rd., N.W.8.
Hoffer, Dr. W., (*Editor of the International Journal of Psycho-Analysis*), 21 Grove End Rd., N.W.8.
Klein, Mrs. Melanie, 42 Clifton Hill, N.W.8.
Kris, Dr. Ernst, 135 Central Park West, New York City, N.Y., U.S.A.
Lantos, Dr. Barbara, 100 Fellows Rd., N.W.3.
Lazar, Dr. Clara, 111 Collings St., Melbourne, Australia.
Lewinsky, Mrs. Hilde, 14 Queen's Court, Palatine Rd., Didsbury, Manchester 20.
Little, Dr. Margaret, (*Business Secretary*), 6 Park Crescent, W.1.
Low, Miss Barbara, 31 Hanover Gate Mansions, Regents Park, N.W.1.
Macdonald, Dr. R. A., 3 Devonshire Place, W.1.
Matte Blanco, Dr. I., Bernarda Morin, 440 Santiago, Chile.
Matthew, Dr. David, 43 Hampstead Way, N.W.11.
Milner, Mrs. Marion, 12 Provost Rd., N.W.3.
Money-Kyrle, Mr. R., 51 Queen's Gate Gardens, S.W.7.
Payne, Dr. Sylvia, C.B.E., 11 Devonshire Place, W.1.
Peto, Dr. Andrew, c/o Dr. N. Whealy, 44 Bundarra Rd., Belleview Hill, N.S.W., Australia.
Rickman, Dr. John, 3 Berkeley Court, Baker St., N.W.1.
Ries, Mrs. Hannah, 41 Oslo Court, Prince Albert Rd., N.W.8.
Riggall, Dr. R. M., Northumberland House, Green Lanes, N.4.
Riviere, Mrs. Joan, 4 Stanhope Terrace, W.2.
Rosenfeld, Mrs. Eva M., 103 Elm Tree Rd. Mansions, Elm Tree Rd., N.W.8.
Rosenfeld, Dr. Herbert, 36 Woronzow Rd., N.W.8.
Ruben, Mrs. Margarete, 13 Netherhall Gardens, N.W.3.
Schmideberg, Dr. Melitta, 20 East 84th St., New York 28, N.Y., U.S.A.
Schmideberg, Mr. Walter, Villa Kenwin, Burier, La Tour, Vaud, Switzerland.
Scott, Dr. W. C. M., (*Director of Clinic*), 49 Queen's Gate Gardens, S.W.7.
Schwarz, Miss H., 21 Nottingham Place, W.1.
Segal, Dr. H., 30 Clifton Hill, N.W.8.
Sheehan-Dare, Miss Helen, 51 Queen Anne St., W.1.
Stengel, Dr. E., "Larkbarrow," Monk's Orchard, Eden Park, Beckenham, Kent.
Stephen, Dr. Karin, 1 Upper Harley St., N.W.1.
Strachey, Mrs. Alix, 41 Gordon Square, W.C.1.
Strachey, Mr. James, 41 Gordon Square, W.C.1.
Tansley, Prof. A. G., Grantchester, Cambridge.
Thorner, Dr. H. A., 24 Welbeck St., W.1.
Wilson, Dr. A. C., 17 Harley St., W.1.
Winnicott, Dr. D. W., (*Training Secretary*), 47 Queen Anne St., W.1.
Wride, Dr. F. D., 67 Gordon Mansions, Torrington Place, W.C.1.
Wright, Dr. M. B., Milford House Hotel, Milford, Surrey.
Yates, Dr. S., Netherne Hospital, Coulsdon, Surrey.
Zetzel, Dr. E., 14 Hubbard Park, Cambridge, Mass.

Associate Members

Abraham, Dr. Hilde, 22 Regents Court, Park Rd., N.W.1.
Anderson, Dr. C., 37a Great Cumberland Place, W.1.
Balint, Mrs. Edna, New Grove House, Hampstead Grove, N.W.3.
Barnett, Miss Doris, 51 Queen Anne St., W.1.
Bavin, Miss M., 6 Warwick Crescent, W.2.
Bhandari, Mr. L. C., 12 Mayfair Buildings, Churchgate St., Bombay, India.
Bick, Mrs. E., 16 Kent Terrace, N.W.1.
Bion, Dr. W. R., 99 Harley St., W.1.
Bonnard, Dr. Augusta, 22 Norfolk Rd., N.W.8.
Bromley, Dr. A., 515 Park Avenue, New York 22, N.Y., U.S.A.
Bridger, Mr. H., 50 Hertford Avenue, S.W.14.
Brown, Dr. Paterson, 1 Acacia Rd., N.W.8.
Brunner, Dr. M., 18 Bartha Miklos Ut., Koloszvar, Hungary.
Burke, Dr. M., 4 rua Bernardino dos Santos, Rio de Janeiro sta. Teresa, Brazil.
Cooke, Miss Barbara, 42A Bassett Rd., W.10.
Culpin, Dr. M., 17a Hatfield Rd., St. Albans, Herts.
Dale, Dr. M., 3 Moorfield Rd., West Didsbury, Manchester, 20.
Davidson, Dr. S. S., 102 Greencroft Gardens, N.W.6.
Davidson, Dr. Susannah, 95b, Hamilton Terrace, N.W.8.
Debenham, Dr. G., 51 Queen Anne St., W.1.
Eddison, Dr. H. W., Merafield House, Plympton, Devon.
Evans, Mr. W. N., 122 East 82nd St., New York City, New York.
Ezriel, Dr. H., 36 Highpoint, Highgate, N.6.
Fieldman, Dr. J., 2 Montague Square, W.1.
Frank, Dr. K., 26 Brunswick Square, W.C.1.
Frankl, Dr. L., 45 Frognal Court, 160 Finchley Rd., N.W.3.
Freud, Mr. Martin, 20 Maresfield Gardens, N.W.3.
Friedmann, Mr. O., 163 Brooke Rd., E.5.

Gero, Mrs. E., 55 West 55th St., New York 19, N.Y., U.S.A.
Gostynski, Dr. E., 'Romiley,' 461 Bury New Rd., Kersal, Manchester.
Harris, Dr. Armstrong, 14 Red Lion Square, W.C.1.
Hellman, Miss I., 25 Wellington Square, S.W.3.
Hopkins, Dr. Pryns, 1900 Garden St., Santa Barbara, California, U.S.A.
Hughes, Dr. Muriel, 'Capesthorne,' Wythenshaw Rd., Northenden, Manchester.
Hunter, Dr. D., Vincent House, Pembridge Square, W.2.
Inman, Dr. W., 22 Clarendon Rd., Southsea, Hants.
Jacobs, Dr. J. J., 21 Wimpole St., W.1.
James, Dr. H. M., Hammer Hill, Plummer's Plain, Horsham, Sussex.
James, Mrs. Lydia, Hammer Hill, Plummer's Plain, Horsham, Sussex.
Jaques, Dr. E., 124 Hamilton Terrace, N.W.8.
Joseph, Miss B., 16 Great James St., W.C.1.
Kelnar, Dr. John, 26 Fitzjohn's Avenue, N.W.3.
Lewis, Dr. J. Strafford, 102 Collingwood House, Dolphin Square, S.W.1.
Maas, Dr. Hilde, 31 Hanover Gate Mansions, N.W.1.
Mannheim, Mrs. Julia, 5 The Park, Golders Green, N.W.11.
Munro, Dr. Lois, 23 Downing Court, Brunswick Square, W.C.1.
Pailthorpe, Dr. G. W., 146, Harley St., W.1.
Penrose, Prof. L. S., 1 Rodborough Rd., N.W.11.
Philips, Mr. F., 5 Upper Harley St., N.W.1.
Ployé, Dr. P., Cassel Hospital, Ham Common, Richmond, Surrey.
Pratt, Dr. John, 130 Harley St., W.1.
Ramzy, Mr. I., 13 Sogaro St., Zahmalek, Cairo, Egypt.
Rubinstein, Dr. L. H., 48 Elsworthy Rd., N.W.3.
Rycroft, Dr. C. F., 6 Park Crescent, W.1.
Sandford, Mrs. B., 51 Queen Anne St., W.1.
Schur, Dr. Max, 875 Park Avenue, New York 21, N.Y., U.S.A.
Schwarz, Miss Elizabeth, 18 Farndon Rd., Oxford.
Stross, Dr. Josefine, 62 Marlborough Place, N.W.8.
Sutherland, Dr. J. D., Tavistock Clinic, 2 Beaumont St., W.1.
Taylor, Dr. J. M., 17 Kent Terrace, N.W.1.
Thomas, Miss Ruth, 1 Cornwall Gardens, S.W.7.
Thomas, Dr. Rees, Board of Control, 32 Rutland Gate, Knightsbridge, S.W.7.
Thompson, Dr. A. G., 51 Queen Anne St., W.1.
Warburg, Mrs. May, Flat 61, 49 Hallam St., W.1.
Williams, Dr. M., 72 Fitzjohn's Avenue, N.W.3.
Wilson, Dr. A. T. M., Tavistock Clinic, 2 Beaumont St., W.1.
Winn, Dr. R. C., 143 Macquarrie St., Sydney, N.S.W., Australia.
Winton, Prof. F. R., University College, Gower St., W.C.1.

Dutch Psycho-Analytical Society

(*Nederlandsche Vereeniging voor Psychoanalyse*)

Members

Bos, Dr. J. W., Julianalaan 70, Overveen.
de Busscher, Dr. J. Guislainstraat 14, Ghent, Belgium.
Coltof, Dr. F., Ieplaan 115, Den Haag.
le Coultre, Dr. R., Stadionkade 74, Amsterdam.
Endtz, Dr. A., Haagweg 369, Loosduinen, Haag.
Feith, Dr. Rh., Stationsweg 4, Den Haag.
Frijling-Schreuder, Dr. E., Nassaukade 88, Amsterdam.
Groen-v. Beverwijk, Dr. M., Waldeck Pyrmontlaan 17, Amsterdam.
Hart de Ruyter, Dr. Th., Olympiaplein 57, Amsterdam.
Kleyn-v. Wylick, Dr. M., Surinamestraat 27, Den Haag.
Knap-Veeze, Dr. A., Leonardostraat 68, Amsterdam.
Kroon, Dr. D. B., Nassaukade 107, Amsterdam.
Lampl, Dr. H., Haringvlietstraat 39, Amsterdam.
Lampl-de Groot, Dr. Jeanne, Haringvlietstraat 39, Amsterdam.
Leeuw, Dr. C. H. v.d., p/a de Brven de Wed. postbus 817, J. V. Welle, Rotterdam.
Leeuw, Dr. P. J. v.d., Rubensstraat 32, Amsterdam.
de Levie, Dr. H., Burg. Meineszlaan 111, Rotterdam.
Mackenzie-v.d. Noordaa, Dr. M., Reyn. Vinkeleskade 35, Amsterdam.
Meurs, Dr. A. F. W. van, v. Hoogenhoucklaan 28, Den Haag.
Muller, Dr. F. P., Rijnsburgerweg 102, Leiden.
Nieboer, Dr. P., G. v.d. Veenstraat 43, Amsterdam.
Oerlemans, Dr. A. C., Koningslaan 16, Amsterdam.
Pool, Mevr. A. S. de, Benoordech. weg 227, Den Haag.
Rumke, Dr. H. C., Mariahoek 4, Utrecht.
Spanjaard, Dr. J., Paviljoenslaan 11, Haarlem.
Stadt-Baas, B. C. v.d., Wassenbarseweg 153, Den Haag.
Stacrke, Dr. A., Doldergeweg 73, Den Dolder.
Thomee, Dr. A. C., Oranjeplein 9, Haarlem.
Sterren, Dr. H. A. v.d., Koninginneweg 47, Amsterdam.
Tas, Dr. J., Joh. Vermeerstraat 51b, Amsterdam.
Versteeg, Dr. P. H., Riouwstraat 182, Den Haag.
Versteeg-Solleveld, Dr. C. M., Riouwstraat 182, Den Haag.
Vuyk, Dr. R. Mej., Haringvlietstraat 43, Amsterdam.
Waals, Dr. H. G. v.d., G. v.d. Veenstraat 81, Amsterdam.

Associate Member

Ongerboor, Mej. P., Benoordenh. weg 227, Den Haag.

French Psycho-Analytical Society

(*Société Psychanalytique de Paris*)

Honorary Members

Freud, Miss Anna, 20 Maresfield Gardens, London, N.W.3, England.

Jones, Dr. Ernest, The Plat, Elsted, nr. Midhurst, Sussex, England.

Members

Berge, Dr. André, 110 avenue du Roule, Neuilly sur Seine.
Bonaparte, Mme. Marie (*Honorary President*), 6 rue Adolphe Yvon, Paris XVI.
Boutonier, Dr. Juliette, 2 rue de la Montagne Ste Genevieve, Paris V.
Bouvet, Dr. M. (*Treasurer*), 17 rue Jean Mermoz, Paris XVII.
Cénac, Dr. Michel (*Vice-President*), 4 rue de Babylone, Paris, XVI.
Codet, Dr. Odette, 10 rue de l'Odéon, Paris VI.
Dolto, Dr. Francoise, 260 rue St. Jacques, Paris V.
Dugautiez, Maurice, 101 rue Emile Banning, Bruxelles, Belgium.
Favez, Dr., 10 rue Etraz, Lausanne, Switzerland.
Hesnard, Dr. Angelo, 47 bis Littoral Frederic Mistral, Toulon, Var.
Lacan, Dr. Jacques, 5 rue de Lille, Paris, VII.
Laforgue, Dr. René, 62 bis rue de La Tour, Paris XVI.
Lagache, Prof. Daniel, 240 bis Boulevard St. Germain, Paris VI.
Lebovici, Dr. Serge, 15 rue Campagne Première, Paris XIV.
Lechat, M. Fernand, 118 rue Froissart, Bruxelles, Belgium.
Leuba, Dr. John, 6 rue René Bazin, Paris XVI.
Male, Dr., 6 rue de Bellechasse, Paris VII.
Nacht, Dr. Sacha (*President*), 50 rue du Dr. Blanche, Paris XVI.
Odier, Mme. Charlotte.
Parcheminey, Dr. Georges, 171 avenue Victor Hugo, Paris XVI.
Pasche, Dr., 34 avenue de Villiers, Paris XVII.
Schlumberger, Dr. Marc (*Secretary*), 17 avenue Théophile Gautier, Paris XVI.
Shentoub, Dr., 5 rue Rollin, Paris V.
Ziwar, Dr., Université Farouk, Cairo, Egypt.

Associate Members

Benassy, Dr., 36 rue St. Didier, Paris XVI.
Berman, Anne, 50 rue Pergolese, Paris XVI.
Breuer, Dr. Elsa, 29 rue Cassette, Paris VI.
Courchet, Dr., 3 square du Bois de Boulogne, Paris XVI.
Feibel, Charlotte, 101 West 80th St., New York, N.Y., U.S.A.
Guex, Germaine, 9 Florimont, Lausanne, Switzerland.
Held, Dr., 99 avenue Raymond Poincaré, Paris XVI.
Hoesli, Dr. Henri, 90 rue du Bac, Paris VII.
Laforgue, Mme. Paulette, 82 rue La Fontaine, Paris XVI.
Marette, Dr. Philippe, 11 rue de Bellechasse, Paris VII.
Prince Pierre de Grece, 6 rue Adolphe Yvon, Paris XVI.
Repond, Dr. André, Malevoz sur Monthey, Valais, Switzerland.
Rieti, Dr. E., Istituto psych. di Grugliasco, Turin, Italy.

Indian Psycho-Analytical Society

Members

Amrith, M. V., 81–83 Rakkulbai Palace, St. Mary's Rd., Bombay 10.
Bora, Gobinchand, 5 Royal Exchange Place, Calcutta 1.
Bose, Girindrasekhar, 14 Parsibagan Lane, Calcutta 9.
De, Nagendranath, 128/B Dharmtola St., Calcutta 13.
Desai, Bhupendra, 13 Gunbow St., Fort Bombay 1.
Gheba, Uttam Singh, 12 Lady Hardinge Rd., New Delhi.
Halder, Rangin Chandra, Kadamkuan P.O., Patna.
Ludowyk-Gyomroi, Edith (Mrs.), Colombo Univ., Ceylon.
Maiti, Hari Pada, Inst. of Psych. Research and Service, Patna 5.
Mitra, Suhrit Chandra, 13B Bhaba Nath Sen St., Calcutta 4.
Narain, Inder, 4908 Paramanand St., Faizbazar, Delhi.
Patel, Ramanlal, Sonawala Bldg., 8/D/46 Tardeo, Bombay.
Ram, Pars, Y.W.C.A. School of Social Work, The Mall, Delhi.
Shrimali, Kalu Lal, Vidya Bhawan, Udaipur.
Sinha, Tarun Chandra, 67 Jatin Das Road, Calcutta 29.
Tsatos, Basil X, 39, Signal Pagoda Rd., Rangoon, Burma.

Associate Members

Aghawal, Miss Padma, c/o B. Danjee Jweller, Chawk, Benares City.
Ahmed, Mafassil-uddin, Chittagong College, Pakistan.
Ali, Syed Kazim, Hamid House, Moghulpura Lane, P.O. Hooghly, Hooghly.
Bagh, Dhanapati, Inst. of Psych. Research and Service, Patna.
Banerji, Samiran, 20B Indra Roy Rd., Bhowanipur, Calcutta.
Banerji, Sudindra Nath, 12 Pal St., Calcutta 4.
Barua, Mrinal Kumar, 14 Ballygunge Circular Rd., Calcutta 19.
Bhatia, Rajpat, 4 Central Ave., Calcutta 13.
Bhattacharyya, Radha Mohan, 8/5A Russa Rd., Calcutta 26.
Bhattacharyya, Miss Usha, Lady Keane College, Shillong.
Bose, Bejayketu, 14/1 Parsibagan Lane, Calcutta 9.
Bose, Sachin, 20 Balai Singha Lane, Calcutta 9.
Chakravarty, Satyes, 9/A Sukia Row, Calcutta 6.

Chatterj, Akhoy K., 49 Mahanirvan Rd., Calcutta 29.
Chatterji, Kali Ranjan, 15 Jatindas Rd., Calcutta 29.
Chatterji, Nagendra Nath, 124 Bediadanga Rd., Tiljala, 24-Pargs.
Chattopadhyaya, Ava, 3 Sambhunath Pundit St., Calcutta 20.
Chattopadhyaya, Debiprasad, 3 Sambhunath Pundit St., Calcutta 20.
Chinwalla, R. J., Ismail House, Nishanpad Rd., Dongry, Bombay 9.
Datta, Anathnath, 64/2 Ahireetolla St., Calcutta 5.
De, R. K., Imperial Bank of India, Jalpaiguri.
De, Sujan Krishna, 38C Nilmani Mitter St., Calcutta 6.
Dev, Ajit Kumar, 52 Braja Nath Dutt Lane, Calcutta 12.
Ghosh, Miss Madhuri, 102B Harish Mukherji Rd., Calcutta.
Irani, Mrs. Dolly K., 41 Free School St., Calcutta 16.
Irani, Mrs. Kitty S., 41/A Free School St., Calcutta 16.
Hudson, R. D. A., 37 Chowringhee, Calcutta.
Khanna, Jaswant Lal, 8 Syed Amir Ali Ave., Calcutta 17.
Kothari, N. J., B.M.S. Quarters, J. J. Hospital, Bombay 8.
Mathews, Bernard, 7 Wellesley Place, Calcutta 1.
Mehenti, Miss Perim, Inst. of Psych. Research and Service, Patna 5.
Mehta, H. P., Parsi Punchayet Office, 239 Hornby Rd., Fort, Bombay.
Mitra, Dhruba Kumar, 22B Southern Ave., Calcutta 26.
Mitra, Shiva Kumar, Inst. of Psych. Research and Service, Patna 5.
Mukherji, Kshirode Chandra, 92 Upper Circular Rd., Calcutta 9.
Nandi, Dhiren Nath, 124 Bediadanga Rd., Tiljaja, 24-Pargs.
Nayek, Dhurjati, Bolpur P.O., Birbhum.
Nayek, Raghubhai M., Saraswati High School, Saraspur, Ahmedabad.
Nigam, Mrs. Nirmala, 'Ekant,' Banmor, Gwalior State.
Pai, T. R. A., Canara Mutual Bldg., Udipi, South India.
Roychoudhury, R. K., Ramgopalpur, Mymensingh, Pakistan.
Ramana, C. V., 2701 Wilshire Blvd., Los Angeles 5, California, U.S.A.
Ramesvarn, Brahmacari, S.R.S. Vidyalaya, Chandrapuram, P.O. Chandrapur-Nankkar, Muzaffarpur.
Sarma, Indira Kanta, 26 Raja Basanta Roy Rd., Calcutta 26.
Sen, Jatindra Mohan, 28 New Road, Calcutta 27.
Sen, Miss Kamala, 22/1 Jugal Kissore Das Lane, Calcutta 6.
Sen, Miss Myra, P.G. Ladies Hostel, 56 Harrison Rd., Calcutta 9.
Shah, Rasiklal B., 13 Gunbow St., Fort, Bombay 1.
Sinha, Sudhindra Nath, 37B, Ballygunge Place, Calcutta 19.

Italian Psycho-Analytical Society

(*Società Psicoanalitica Italiana*)

Honorary Members

Levi Bianchini, Prof. Marco, Nocera Inferiore, Salerno.
Weiss, Dr. Edoardo, 1240 North Stone Ave., Chicago 10, Ill., U.S.A.
Paternoster, Dr. Julio, Rue Mexico, 21–2, Apt. 201A, Rio de Janeiro, Brazil.

Members

Flescher, Dr. Joachim, 1160 Fifth Ave., New York, N.Y., U.S.A.
Merloni, Dr. Raffaele, Via Calabria 17, Roma.
Modigliani, Dr. Claudio (*Secretary*), Via Palermo 28, Roma.
Musatti, Dr. Cesare (*Vice-President*), Corso di Porta Nuova, 22, Milano.
Perrotti, Dr. Nicola (*President*), Corso Trieste 146, Roma.
Scarizza, Dr. Spartaco, Calle Oy 21, Apt. 23, Vedado, Cuba.
Servadio, Dr. Emilio, Via Tagliamento 76, Roma.
Tomasi di Palma, Mrs. Alessandra, Via Butera 28, Palermo.

Associate Members

Dalma, Dr. Giovanni, Via Savoia 78, Roma.
Di Cave, Miss Luciana, Viale Regina Margherita 145, Roma.
Fenoaltea, Dr. Giorgio, Via Lutezia 5, Roma.
Fulchignoni, Dr. Enrico, Via Po 23, Roma.
Garosi, Dr. Alcide, Piazza Gramsei 5, Siena.
Giunta, Dr. Aurelio, Via Tibullo 16, Roma.
Lorenzini Daninos, Dr. Natalia, Via Veneto 69, Roma.
Marzi, Prof. Alberto, Via della Colonna 17, Firenze.
Molinari, Dr. Egon, Via Murri 122, Bologna.
Pardi, Prof. Leo, Via Volta 4, Pisa.
Pajalich, Dr. Raffaele, Via Cairoli 8, Roma.
Pontani Mayer, Dr. Fulvia, Via di Trasone 8, Roma.
Riccio, Dr. Attilio, Via Panama 77, Roma.
Riesen, Miss Anny, Via S. Botticelli 2, Roma.
Romoli Luzzatto, Mrs. Elena, Piazza Mignanelli 25, Roma.
Vivarelli, Dr. Marcello, Via del Gambero 37, Roma.

Israel Psycho-Analytic Society

(*Chewra Psychoanalytith b'Erez Israel*)

Honorary Member

Freud, Miss Anna, 20 Maresfield Gardens, London, N.W.3, England.

Members

Barag, Dr. G., 63 Ben-Jehuda St., Tel-Aviv.
Barag, Dr. (Mrs.) Grethe, 63 Ben-Jehuda St., Tel-Aviv.

Brandt, Dr. Grethe, 138 Abessynian St., Jerusalem.
Gruenspann, Dr. Bertha, 62 Pevsner St., Haifa.
Gumbel, Dr. Erich (*Treasurer*), 33 Ben Maimon St., Jerusalem.
Hirsch, Dr. E., 53 Ramban St., Jerusalem.
Isserlin, Dr. A., 42 Ben Jehuda St., Tel-Aviv.
Lowtzki, Dr. (Mrs.) F., 8 Rashba St., Jerusalem.
Rotchild, Dr. Salomon, 3 Redak St., Jerusalem.
Schalit, Dr. Ilja (*Secretary*), 16 Jerusalem St., Haifa.
Smeliansky, Dr. (Mrs.) A., 4 Hagilboa St., Tel-Aviv.
Woolf, Dr. M. (*President*), 38 Bld. Rotchild, Tel-Aviv.
Winnik, Dr. Z., P.O.B. 15, Ramat Gan.
Weiss, Dr. Karl, 19 Moriah St., Mt. Carmel, Haifa.
Weiss-Stadthagen, Mrs. A., 47 Arlosoroff St., Haifa.

Associate Members

Bental, Dr. Victoria, P.O.B., 1053, Haifa.
Golan, Mr. S., Mishmar Haemek, near Haifa.
Jaffe, Dr. Ruth, P.O.B. 15, Ramat Gan.
Idelson, Mr. D., 2 Witkin St., Tel-Aviv.
Pollak, Dr., 9 Engel St., Tel-Aviv.
Rosenberger, Dr. (Mrs.) Lizzi, 96 Yarkon St., Tel-Aviv.

Swedish Psycho-Analytical Society

(*Svenska Psykoanalytiska Foreningen*)

Members

Ekman, Mr. Tore (*Secretary*), Arkitektvägen 59, Abrahamsberg.
Haak, Dr. Nils (*President*), Svedbergsplan 4, Stockholm.
de Monchy, Dr. Rene, Scheffersgatan 9, Stockholm.
Nycander, Dr. Gunnar (*Vice-President*), Radmansgatan 9, Stockholm.
Reinius, Dr. Erik (*Treasurer*), Alstensgatan 57, Alsten.
Tamm, Dr. Alfhild, Vendevägen 7, Lidingö I.
Törngren, Dr. Pehr Henrik, Skeppsbron 40, Stockholm.

Associate Members

Bernstein, Dr. Lotte, Lindnersplan 9, Stockholm.
Harding, Dr. Gösta, Bielkevägen 9, Ulvsunda.
Lindbäck, Dr. Erland, St. Paulsgatan 14, Stockholm.
Szekely, Dr. Lajos, Tritonvägen 10, A.L. Alby, Sundbyberg.
Tjellström, Greta, Hermelinsstigen 20, Appelviken.
Versteegh-Lind, Dr. Aina, Hjärnegatan 10, Stockholm.

Swiss Psycho-Analytical Society

(*Schweizerische Gesellschaft für Psychoanalyse*)

Honorary Members

Freud, Miss Anna, 20 Maresfield Gardens, London, N.W.3, England.
Jones, Dr. Ernest, The Plat, Elsted, nr. Midhurst, Sussex, England.

Members

Bally, Dr. Gustav, Toblerstrasse 94, Zürich.
Baenziger, Dr. H., Börsenstrasse 16, Zürich.
Behn-Eschenburg, Gertrud, Casa Stella, Muzzano, Lugano.
Binswanger, Dr. Ludwig, Sanatorium Bellevue, Kreuzlingen/TG.
Blum, Dr. Ernst, Marienstrasse 9, Bern.
Boss, Dr. Medard, (*Treasurer*), Theaterstrasse 12, Zürich.
Brun, Dr. Rudolf, Zürichbergstrasse 88, Zürich.
Christoffel, Dr. Hans, St. Albanvorstadt 21, Basel.
Flournoy, Dr. Henri, 6 Rue de Monnetier, Geneve.
Glover, Dr. Edward, Wimpole St. 18, London, W.1., England.
Grüninger, Ulrich, Dr., Brittnau, Aargau.
Kielholz, Dr. Arthur, Rohrerstrasse 28, Aargau.
Meng, Dr. Heinrich, St. Albanring 174, Basel.
Odier, Dr. Charles, 1 Chemin des Magnolins, Lausanne.
Pfenninger, Hans, Neftenbach/ZH.
Pfister, Dr. Oskar, Berghaldenstr 34, Zürich.
Rambert, Madeleine, 9 Chemin de Mornex, Lausanne.
Repond, Dr. Andre, Maison de Sante de Malevoz, Monthey/VS.
Sarasin, Dr. Philipp (*President*), Gartenstrasse 65, Basel.
Schneider, Dr. Ernst, Rennweg 79, Basel.
Zulliger, Hans, Ittigen/BE.

Associate Members

Beno, Dr. N., Maison de Sante de Malevoz, Monthey/VS.
Boller-Schwing, Gertrud, Rämistrasse 60, Zürich.
Briner, Dr. O., Rosegg, Solothurn.
Fink, Dr. S., 115 Macleay St., Potts Point, Sydney, Australia.
Grotz, Werner, Sonneggstrasse 49, Zürich.
Guex, Germaine, 9 Av. Florimont, Lausanne.
Kockel, Dr. E., Klosbachstrasse 119, Zürich.
Maerk, Anna, Gloriastrasse 64, Zürich.
Muller, Lydia, 17 Rue de Candolle, Geneve.
Olden, Mrs. C., 50 West 96th St., New York 25, N.Y., U.S.A.
Morgenthaler, Dr. F., Nervenpoliklinik, Rämistrasse 67, Zürich.
Parin, Dr. Paul, Universitäts-Poliklinik für Nervenkranke, Rämistrasse 67, Zürich.
Prister, Dr. Maria, Talstrasse 80, Zürich 1.
Richard, Dr. G., Cret de Taconnet 40, Neuchatel.
Sechehaye, Mme. M. A., 5 Rue de l'Université, Gèneve.
Stephani-Cherbuliez, Dr. Jeanne, 9 Rue Ferdinand Hodler, Gèneve.
Storch, Dr. Alfred, Münsingen/BE.
Wolfensberger, Frau Käthe, Lerchenbergstr. 18, Erlenbach/ZH.
Zulliger, Frau Martha, Ittigen b/Bern.

Vienna Psycho-Analytical Society

(*Wiener Psychoanalytische Vereinigung*)

Members

Aufreiter, Dr. Friedl, Vienna IX, Rossauerlände 45.
Aufreiter, Dr. Hans (*Secretary*), Vienna IX, Rossauerlände 45.
Bolterauer, Dr. Hedwig, Vienna VIII, Josefgasse 7.
Bolterauer, Dr. Lambert, Vienna VIII, Josefgasse 7.
Genner, Dr. Tea Erdheim, Vienna XVIII, Höhnegasse 19.
Nentwich, Mr. Alois, Vienna III, Kegelgasse 41.
Solms, Dr. Wilhelm, Vienna IX, Lazarettgasse 14.
Spanudis, Dr. Theon, Vienna XIII, Wattmanngasse 25.
Winterstein, Dr. Alfred (*Chairman*), Vienna III, Reisnerstr. 29.
Dworschak, Frau Rosa, Vienna XIII, Woinovichgasse 18.
Ticho, Dr. Ernst, Vienna VIII, Alserstr. 32.

Sendai Psychoanalytical Society

Honorary Members

Ishibashi, Dr. Toshimi, Psychiatric Clinic of Tohoku Univ., Sendai.
Kurokawa, Dr. Toshio, Medical Clinic of Tohoku Univ., Sendai.
Masaki, Prof. Tadashi, Institute of Psychology, Tohoku Univ., Sendai.
Miyake, Dr. Koichi, Tokio University, Tokio.
Ohwaki, Prof. Yoshikazu, Institute of Psychology, Tohoku Univ., Sendai.
Satake, Dr. Yasutaro, Tohoku University, Sendai.

Regular Members

Aratame, Dr. Goro, Saizuchi-koji, Taira.
Doi, Dr. Masanori, Supreme Court, Family Board, Tokio.
Harada, Dr. Kazuhiko, Neurologic Clinic, Osaka Univ., Osaka.
Hayasaka, Dr. Choichiro, 45, Ishinazaka, Sendai.
Ishida, Dr. Shozo, Aomori Psychiatric Hospital, Asamushi, Aomori.
Kateta, Dr. Katsumi, Neurologic Clinic of Juntendo Medical College, Tokio.
Konuma, Dr. Tosuo, Psychiatric Clinic of Hiroshima Medical College, Kure.
Kosawa, Dr. Heisaku, Kosawa Psycho-Analytical Hospital, 608 3, Den-en-chofu, Setagayaku, Tokio.
Ogawa, Dr. Yoshio, Chief of Miyagi Central Child Welfare Centre, Sendai.
Ohyama, Jundo, Priest, Wakinosawa, Shimokita, Aomori.
Marui, Dr. Fumio, Psychiatric Clinic of Nagoya Univ., Nagoya.
Marui, Dr. Kiyoyasu (*President*), Hirosaki University, Hirosaki.
Marui, Dr. Takujiro, Psychiatric Clinic of Fukushima Medical College, Fukushima.
Miura, Dr. Nobuyuki, Psychiatric Clinic of Iwate Medical College, Morioka.
Yamamoto, Dr. Yakeyoshi, Chief of Admission Bureau of Feeble Minded Children, Sendai.
Yamamura, Dr. Michio (*Secretary*), Psychiatric Clinic of Hirosaki University, Hirosaki.

NEW FORMATIONS PROVISIONALLY ACCEPTED BY CONGRESS

German Psycho-Analytical Society

(*Deutsche Psychoanalytische Gesellschaft*)

Honorary Member

Jones, Dr. Ernest, The Plat, Elsted, nr. Midhurst, Sussex, England.

Members

Achelis-Lehbert, Frau Eli, Gottingen, Baurat-Gerber-Str., 1. bei Wesell.
Baumeyer, Dr. Franz (*Chairman, Institute for Psychotherapy*), Berlin-Zehlendorf, v. Luckstr. 30.
Boehm, Dr. Felix (*Head of Educ. Committee of Institute for Psychotherapy*), Berlin W.50, Kulmbacher Str. 3.
Böhlendorf, Ina, Stuttgart W, Gauss Str. 97.
Dräger, Frau Käthe, Berlin-Charlottenburg 9, Gothaer Allee 5.
Ekmann, Thore, Stockholm-Abrahamsberg, Architektvägen 59, Sweden.
Fuchs-Kamp, Dr. Adeheid, Berlin-Wilmersdorf, Zähringer Str. 26.
Fuhge, Dr. Gertrud, Berlin W. 30, Motzstr. 60.
Göbel, Frau Gertrud, Berlin-Wilmersdorf, Homburger Str. Aufgg. I.
Gundert, Dr. Hermann, Stuttgart W, Wolframstr. 61.
Kalau vom Hofe, Dr. Marie, Hannover, Bleckstr. 14c.
Kath, Dr. Ingeborg, Berlin-Neuwestend, Oldenburgallee 19.
Kemper, Dr. Werner, Zt. Avenida Atlantica 78, Apt. 40 Rio de Janeiro, Brazil.
March, Dr. Hans, Berlin, Grunewald, Hohenzollerndamm 83.
Mette, Dr. Alexander, Weimar, Karl-Alexander-Allee 27.
Müller-Braunschweig, Frau Ada, Berlin-Schmargendorf, Sulzaer Str. 3.
Müller-Braunschweig, Dr. Carl (*Chairman and Secretary*), Berlin-Schmargendorf, Sulzaer Str. 3.
Muthmann, Dr. Arthur, Freiburg/Br., Holbeinstr. 11.
Ortner, Dr. Astri, Oslo, Parkveien 416, Norway.
Riemann, Fritz, München 27, Schumannstr. 1.
Roellenbleck, Dr. Ewald, Darmstadt, Prinz-Christiansweg 6.
Scheunert, Dr. Gerhart, Berlin-Zehlendorf, Wilskistr. 58.
Schneider-Kassel, Hans, Berlin W.50, Kulmbacher Str. 3.
Schottlander, Dr. Felix, Stuttgart-Degerloch, Löwenstr. 123.

Schultz-Hencke, Dr. Harald, Berlin-Wilmersdorf, Kaubstr. 4.
Schwager-Gellarius, Dr. Julie, Berlin-Wilmersdorf, Koblenzer Str. 26.
Seiff, Frau Margarete, Berlin-Tempelhof, Kanzlerweg 27.
Spangenberg, Frau Johanna, Frankfurt-M-Niederrad, Heinrich-Hoffmann-Str. 14.
Staudte, Annie, Berlin-Lichterfelde, Schwelmer Str. 16.
Steinbach, Margarete, Berlin-Charlottenburg 9, Gotha Allee 5.
Tiling, Dr. Erich, Tannenfeld b. Nobdenitz, Krs. Gera.
Weigel, Dr. Herbert, Leipzig C 1, Marienstr. 16.
Werner, Frau Marie-Louise, Berlin-Friedenau, Handjerystr. 89.
Wiegmann, Dr. Heinz, Berlin-Grunewald, Hohmannstr. 2.
v. Wimmersperg, Dr. Franziska, 8932 Ohio Ave., Detroit 4, Michigan, U,S.A.
Ranft, Hermann, Leipzig O 5, Volkmarstr. 66.

Associate Members

Heilbrun, E. L. G., 55 Burlington Court, Hospital Hill, Johannesburg, South Africa.

Sao Paolo (Brazil) Psycho-Analytical Society

Members

Bicudo, Miss Virginia L., Rua Guarara 90, Casa 1.
Dias, Dr. Flavio, Rua Sorocaba 135.
Koch, Dr. Adelheid, Caixa Postal 4164.
Marcondes, Dr. Durval B. (*President*), Rua Siqueira Campos 42.
Philips, Mr. Frank (*Secretary*), Caixa Postal 1968.
Uchoa, Dr. Darcy Mendonca, Avenida Pacaembu 1882.

ERRATA

Volume XXX, 1949; page 225 the title of this paper and all headlines referring to the paper should read : *Confusion of the Tongues between the Adults and the Child* (and not *between the Adult and the Child*).

Volume XXXI, 1950; page 151, 2nd column last line read: *C. D. Gomberts*. Page 159, 1st column 10th line instead of *underline* read: *underlie*, and 12th line instead of *from turning* page 59 read *for turning*.

VOL. XXXI 1950 PART IV

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

and Bulletin of the

INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

FOUNDED BY ERNEST JONES

Editor
W. HOFFER
London

with the assistance of
JOHN RICKMAN *London*
W. CLIFFORD M. SCOTT *London*
C. P. OBERNDORF *New York*

In collaboration with

A. RUSSELL ANDERSON, *Baltimore*
LEO H. BARTEMEIER, *Detroit*
BERNHARD BERLINER, *San Francisco*
G. BOSE, *Calcutta*
HENRY A. BUNKER, *New York*
REX E. BUXTON, *Washington*
P. G. DANE, *Melbourne*
M. MAURICE DUGAUTIEZ, *Brussels*
ANGEL GARMA, *Buenos Aires*
ERNEST JONES, *London*
G. HENRY KATZ, *Philadelphia*
M. RALPH KAUFMAN, *New York*
HARRY B. LEE, *Chicago*
P. J. VAN DER LEEUW, *Amsterdam*
DAVID M. LEVY, *New York*
DURVAL MARCONDIES, *Sao Paulo*
WILLIAM C. MENNINGER, *Topeka*
JOHN M. MURRAY, *Boston*
SACHA NACHT, *Paris*
FERNANDO ALLENDE NAVARRO, *Santiago*
GUNNAR NYCANDER, *Stockholm*
NICOLA PEROTTI, *Rome*
PHILIP SARASIN, *Basle*
RICHARD STERBA, *Detroit*
CHARLES W. TIDD, *Los Angeles*
ALFRED FR. v. WINTERSTEIN, *Vienna*
M. WULFF, *Tel-Aviv*

PUBLISHED FOR
THE INSTITUTE OF PSYCHO-ANALYSIS
BY
BAILLIÈRE, TINDALL AND COX

THE
INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

is issued quarterly. Besides Original Papers, Abstracts and Reviews, it contains the *Bulletin* of the International Psycho-Analytical Association.

NOTICES

EDITORIAL

1. All manuscripts and editorial communications, as well as review copies of books and exchange numbers of periodicals, should be sent to the Editor, International Journal of Psycho-Analysis, Institute of Psycho-Analysis, 96 Gloucester Place, London, W.1.

2. Editorial communications from U.S.A. should be sent to Dr. C. P. Oberndorf, 40 West 59th Street, New York.

3. Manuscripts, which should represent the final form of the material, should be typewritten, with *wide* spacing throughout (*including especially the footnotes*); handwritten corrections must be legible and kept to a minimum. A copy should always be retained by the author. All *references* should include: name of author, title of article, title of Journal, year, volume, first and last pages or individual pages. *Bibliographies* should be in alphabetical order. When books are cited include author, title, year of publication and publisher. Authors are requested to omit numbers from bibliographies and arrange same alphabetically.

4. Authors of original papers will be sent free of charge three copies of the Journal *on application*; a form of application for these copies or alternatively for reprints at the author's own cost will be sent by the Editor together with the page proofs.

5. All matter in this Journal is protected under the Berne Convention. It may not be reproduced by any means, in whole or in part, without permission. Application with regard to reproduction should be addressed to the publishers.

ADMINISTRATIVE

1. The Annual Subscription is 40*s.* per Volume of Four Parts. U.S.A. $8.50.

2. The Journal is obtainable *by subscription only*, the parts not being sold separately.

3. Subscriptions and Correspondence relative to advertising and administrative matters in general should be addressed to the Publishers, Baillière, Tindall & Cox, 7 & 8 Henrietta Street, Covent Garden, London, W.C.2.

4. Unbound copies of some of the back volumes are available. Prices on application to the Publishers.

STUDENTS' SUBSCRIPTION

Subscription to the International Journal of Psycho-Analysis at reduced rates of 21*s.* (U.S.A. $4) is offered to Students in Training who are registered with an Institute or Training Centre recognised by the International Psycho-Analytical Association. Students' Subscriptions can only be accepted by the Secretary, The Institute of Psycho-Analysis, 96 Gloucester Place, London, W.1. The Training Secretaries (Secretaries of the Educational Committees) are invited to send in the list of students of their Institutes who subscribe at the reduced rates. Remittances (U.S.A., $4.00, other countries, 21*s.*) should accompany the list of Student Subscribers. Extension of Students' Subscription to other categories of students is under consideration. It has to be understood that the Student Subscriber will not sell the Journal supplied under this scheme for a period of five years after the date of issue.

All editorial communications should be addressed to the Editor, International Journal of Psycho-Analysis, Institute of Psycho-Analysis, 96 Gloucester Place, London, W.1.

The BRITISH JOURNAL of DELINQUENCY

THE OFFICIAL ORGAN OF THE INSTITUTE
FOR THE STUDY AND TREATMENT OF
DELINQUENCY

Editorial Board
Edward Glover · Hermann Mannheim · Emanuel Miller

This new quarterly journal is intended for the use of psychiatrists, sociologists, magistrates, probation officers, institute personnel—all, in fact, whose work brings them into close contact with the problem of delinquency. Articles, both theoretical and practical, are received from trained workers in all parts of the world; reviews of books, abstracts, proceedings of societies, etc. will be published from time to time. In this way, the journal will keep its readers in touch with all the latest developments in those branches of science which are in any way concerned with the investigation, treatment, and prevention of delinquency.

Volume I, Number 2, (October 1950), now available, includes the following papers:—

The Group Factor in Crime and Punishment by N. Muller with a Commentary by Hermann Mannheim; *On the Desirability of Isolating a 'Functional' (Psychosomatic) Group of Delinquent Disorders* by Edward Glover; *The Unclubbable Adolescent* by John C. Spencer; *Delinquency in Handicapped Children* by Alan Maberly; *The 1946 Law in Paris* by Otto L. Shaw.

Annual Subscription 27s. 6d. (U.S.A. $4.25), single copies 7s. 6d.

Published by the
Institute for the Study and Treatment of Delinquency
and Baillière, Tindall and Cox

INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS
VOL. XXXI 1950 PART IV

ORIGINAL PAPERS

PAGE

C. D. DALY. THE PSYCHO-BIOLOGICAL ORIGINS OF CIRCUMCISION 217

GEORGE DEVEREUX. THE PSYCHOLOGY OF FEMININE GENITAL BLEEDING 237

ISIDOR SILBERMANN. A CONTRIBUTION TO THE PSYCHOLOGY OF MENSTRUATION 258

HANNA SEGAL. SOME ASPECTS OF THE ANALYSIS OF A SCHIZOPHRENIC 268

OBITUARY

SUSAN SUTHERLAND ISAACS, C.B.E., M.A., D.Sc.(Vict.), Hon. D.Sc.(Adelaide), (1885–1948) 279

WILLIAM HENRY BUTTER STODDART, M.D.(Lond.), F.R.C.P.(Lond.), (1868–1950) 286

WULF SACHS, 1893–1949 288

CLAUD DANGAR DALY, Lt.-Col.(Ret.), 1884–1950 290

RUTH D. USHER, M.A.(Cantab.), B.A.(Lond.), M.R.C.S., L.R.C.P., (1891–1950) 291

DR. TRIGANT BURROW, (1875–1950) 292

BOOK REVIEWS 294

NEWS, NOTES AND COMMENTS 296

CLINICAL ESSAY PRIZE 301

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION 302

ERRATA 318

Published Quarterly. Annual Subscription 40s. U.S.A. $8·50.

World List of Abbreviations:
Int. J. Psycho-Anal.

Printed in Great Britain by The Whitefriars Press Ltd. London and Tonbridge.
December, 1950

UNIVERSITY OF
20 DEC 1950